
Wisconsin Hospice Directory

2005

June 2006

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2005 Annual Survey of Hospices, conducted by the Bureau of Health Information and Policy, Division of Public Health (DPH), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing (DHCF) ; and the Bureau of Quality Assurance, Division of Disability and Elder Services.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2005 survey represents the seventh year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Kim Voss, research technician, participated in the survey follow-up process. Judith Nugent, Chief, Health Care Information Section, provided supervision. Patricia Guhleman, Interim Director, Bureau of Health Information and Policy, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information and Policy, P.O. Box 2659, Madison, WI 53701-2659, telephone (608) 267-9055, or e-mail connejp@dhfs.state.wi.us.

This directory is available online at <http://dhfs.wisconsin.gov/provider/hospices.htm>. To obtain a printed copy of this directory, please send a \$10.00 check (made payable to the Division of Public Health), along with a note requesting the 2005 Hospice Directory, to the following address:

Division of Public Health
Bureau of Health Information and Policy
ATTN: Sue Uebersetzg, Room 372
P.O. Box 2659
Madison WI 53701-2659

TABLE OF CONTENTS

FOREWORD	iii
INTRODUCTION	vii
HOSPICE PROFILES	
A. Wisconsin Hospices	1
B. Out-of-State Hospices	55
INDICES OF HOSPICE PROFILES	
A. By County	65
B. By City	67
C. Alphabetically By Name	69
D. By License Number	71

INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2005 were obtained from the seventh Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Disability and Elder Services. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 62 hospices that submitted a 2005 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2005). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Disability and Elder Services.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Hospice Advantage in Sheboygan (Page 46). To calculate the number of patients served by this hospice who were age 75 to 84, divide the percentage for the age group (26.9%) by 100 (.269) and multiply the result by the total number of patients served during the year (52). The product (.269 x 52) is 13.99, which when rounded to 14 is the number of unduplicated patients age 75 to 84 served by this hospice during the 2005 calendar year.

Hospice Profiles

Regional Hospice Services

2101 Beaser Avenue
Ashland WI 54806

License Number: 526
County: Ashland
(715) 685-5151

Page 1

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 26
Unduplicated Patient Count for 2005: 227
Average Daily Census: 31
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	44.1%	Medicare	73.1%
20 to 54	6.6	(cancer)	68.3%	Self-referral	0.0	Medicaid	15.4
55 to 64	15.9	Cardiovascular		Patient's family	24.7	Medicare/Medicaid	0.0
65 to 74	24.7	disease	10.6	Hospital	15.0	Managed Care/HMO	0.0
75 to 84	33.5	Pulmonary disease	5.3	Home health agency	1.3	PACE/Partnership	0.0
85 to 94	16.7	Renal failure/		Nursing home	6.6	Private Insurance	11.5
95 & over	2.6	kidney disease	2.2	Assisted living:		Self Pay	0.0
Total Patients	227	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.8	apt. complex	0.0	Caseload	26
Male	56.4%	AIDS	0.0	Adult family home	0.0		
Female	43.6	ALS	0.0	Community-based			
Total Patients	227	Other	8.8	res. facility	0.9		
		Total Patients	227	Other	7.5	STAFFING	FTEs*
TOTAL ADMISSIONS	219			Total Patients	227	Administrators	2.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	217	Medicare	79.5%			Registered Nurses	7.7
		Medicaid	6.4	PATIENT DAYS BY		Lic. Prac. Nurses	0.2
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	4.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.3%	Physical Therapists	0.0
appropriate	5.5%	PACE/Partnership	0.0	Continuous care	0.1	Occupational Therapists	0.0
Transferred:		Private Insurance	13.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.9	Pathologists	0.0
another hospice	0.5	Other	0.5	Respite care	0.7	Bereavement Counselors	0.8
Revocation of		Total Admissions	219	Total Patient Days	11,349	Social Workers	1.3
hospice benefit	12.4					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	81.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	3.8
Total Discharges	217	Private residence	62.1%	Private residence	88.5%	Volunteer Coordinator	0.5
		Nursing home	24.9	Nursing home	7.7	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	20.2
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	26.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	17.1	Community-based		Community-based		patients of the	
30 - 59 days	13.4	res. facility	2.3	res. facility	3.8	hospice in 2005:	118
60 - 89 days	6.9	Inpatient facility	10.7	Inpatient facility	0.0		
90 - 179 days	11.1	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.0	Total Deaths	177	Caseload	26	service provided	
1 year or more	2.8					during 2005 by these	
Total Discharges	217					volunteers:	3,588

Lakeview Medical Center
 212 South Main Street
 Rice Lake WI 54868

License Number: 555
 County: Barron
 (715) 236-6256

Page 2

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 27
 Unduplicated Patient Count for 2005: 136
 Average Daily Census: 22
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	1.5%	Medicare	88.9%
20 to 54	3.7	(cancer)	54.4%	Self-referral	0.7	Medicaid	3.7
55 to 64	12.5	Cardiovascular		Patient's family	6.6	Medicare/Medicaid	0.0
65 to 74	25.7	disease	11.0	Hospital	77.9	Managed Care/HMO	0.0
75 to 84	25.0	Pulmonary disease	6.6	Home health agency	8.8	PACE/Partnership	0.0
85 to 94	27.2	Renal failure/		Nursing home	2.2	Private Insurance	7.4
95 & over	5.9	kidney disease	2.9	Assisted living:		Self Pay	0.0
Total Patients	136	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.1	apt. complex	0.7	Caseload	27
Male	50.7%	AIDS	0.0	Adult family home	0.0		
Female	49.3	ALS	2.2	Community-based			
Total Patients	136	Other	17.6	res. facility	1.5		
		Total Patients	136	Other	0.0		
TOTAL ADMISSIONS	114			Total Patients	136		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	110	Medicare	84.2%			Administrators	0.5
		Medicaid	6.1			Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	3.0
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	2.7%	PACE/Partnership	0.0	Routine home care	97.1%	Hospice Aides	4.5
Transferred:		Private Insurance	9.6	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	1.8	Other	0.0	symptom mgmt	1.5	Speech/Language	
Revocation of		Total Admissions	114	Respite care	1.4	Pathologists	0.0
hospice benefit	1.8			Total Patient Days	7,948	Bereavement Counselors	0.5
Other	0.0					Social Workers	0.5
Deaths	93.6	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	0.0
Total Discharges	110	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	0.3
		Private residence	53.4%	Private residence	59.3%	Clerical/Office Support	1.0
		Nursing home	17.5	Nursing home	22.2	Volunteer Coordinator	0.5
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	10.9
		Residential care		Residential care			
1 - 7 days	21.8%	apt. complex	1.0	apt. complex	7.4	* Full-time equivalents	
8 - 14 days	14.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	26.4	Community-based		Community-based		patients of the	
30 - 59 days	16.4	res. facility	3.9	res. facility	11.1	hospice in 2005:	
60 - 89 days	7.3	Inpatient facility	24.3	Inpatient facility	0.0	48	
90 - 179 days	7.3	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.7	Total Deaths	103	Caseload	27	service provided	
1 year or more	3.6					during 2005 by these	
Total Discharges	110					volunteers:	
						2,575	

Aurora VNA of Wisconsin
 931 Discovery Road
 Green Bay WI54311

License Number: 2004
 County: Brown
 (920) 458-4314

Page 3

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 24
 Unduplicated Patient Count for 2005: 143
 Average Daily Census: 20
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	2.8%	Malignant neoplasm		Physician	32.2%	Medicare	79.2%
20 to 54	7.0	(cancer)	43.4%	Self-referral	0.0	Medicaid	8.3
55 to 64	10.5	Cardiovascular		Patient's family	0.7	Medicare/Medicaid	0.0
65 to 74	15.4	disease	27.3	Hospital	45.5	Managed Care/HMO	0.0
75 to 84	30.8	Pulmonary disease	4.2	Home health agency	10.5	PACE/Partnership	0.0
85 to 94	27.3	Renal failure/		Nursing home	8.4	Private Insurance	12.5
95 & over	6.3	kidney disease	5.6	Assisted living:		Self Pay	0.0
Total Patients	143	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.4	apt. complex	0.0	Caseload	24
Male	46.9%	AIDS	0.0	Adult family home	0.0		
Female	53.1	ALS	0.0	Community-based			
Total Patients	143	Other	18.2	res. facility	0.0		
		Total Patients	143	Other	2.8		
TOTAL ADMISSIONS	146			Total Patients	143		
		ADMISSIONS BY PAY SOURCE				STAFFING	FTEs*
TOTAL DISCHARGES	134	Medicare	82.9%			Administrators	1.0
		Medicaid	6.8			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	3.0
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	14.2%	PACE/Partnership	0.0	Routine home care	97.3%	Hospice Aides	1.5
Transferred:		Private Insurance	8.2	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	2.1	Inpatient care: acute		Occupational Therapists	0.0
another hospice	2.2	Other	0.0	symptom mgmt	2.5	Speech/Language	
Revocation of		Total Admissions	146	Respite care	0.2	Pathologists	0.0
hospice benefit	8.2			Total Patient Days	7,125	Bereavement Counselors	0.2
Other	6.0					Social Workers	0.8
Deaths	69.4	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	0.0
Total Discharges	134	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	1.0
		Private residence	43.0%	Private residence	87.5%	Clerical/Office Support	1.0
		Nursing home	17.2	Nursing home	12.5	Volunteer Coordinator	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	8.8
		Residential care		Residential care			
1 - 7 days	42.5%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	15.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	9.7	Community-based		Community-based		patients of the	
30 - 59 days	10.4	res. facility	1.1	res. facility	0.0	hospice in 2005:	
60 - 89 days	5.2	Inpatient facility	38.7	Inpatient facility	0.0	11	
90 - 179 days	7.5	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.0	Total Deaths	93	Caseload	24	service provided	
1 year or more	3.0					during 2005 by these	
Total Discharges	134					volunteers:	
						238	

Heartland Home Health Care and Hospice
 2050 Riverside Drive, 1st Floor
 Green Bay WI 54301

License Number: 2005
 County: Brown
 (920) 436-9380

Page 4

Ownership of Hospice: Proprietary Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 91
 Unduplicated Patient Count for 2005: 442
 Average Daily Census: 98
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	9.3%	Medicare	60.4%
20 to 54	2.3	(cancer)	29.9%	Self-referral	1.1	Medicaid	1.1
55 to 64	4.3	Cardiovascular		Patient's family	0.9	Medicare/Medicaid	37.4
65 to 74	7.2	disease	20.1	Hospital	6.1	Managed Care/HMO	0.0
75 to 84	21.9	Pulmonary disease	5.7	Home health agency	1.8	PACE/Partnership	0.0
85 to 94	51.1	Renal failure/		Nursing home	60.4	Private Insurance	1.1
95 & over	13.1	kidney disease	3.8	Assisted living:		Self Pay	0.0
Total Patients	442	Diabetes	0.2	Residential care		Other	0.0
		Alzheimer's disease	11.8	apt. complex	0.0	Caseload	91
Male	29.9%	AIDS	0.0	Adult family home	0.0		
Female	70.1	ALS	0.0	Community-based			
Total Patients	442	Other	28.5	res. facility	20.4		
		Total Patients	442	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	368			Total Patients	442	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	360	Medicare	57.9%			Registered Nurses	15.4
		Medicaid	1.1	PATIENT DAYS BY		Lic. Prac. Nurses	0.5
REASON FOR DISCHARGE		Medicare/Medicaid	37.0	LEVEL OF CARE		Hospice Aides	7.9
Hospice care not		Managed Care/HMO	0.5	Routine home care	99.9%	Physical Therapists	0.0
appropriate	5.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	3.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	1.4	Other	0.0	Respite care	0.1	Bereavement Counselors	1.4
Revocation of		Total Admissions	368	Total Patient Days	35,626	Social Workers	3.5
hospice benefit	6.4					Dietary	0.1
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	2.0
Deaths	86.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.5
Total Discharges	360	Private residence	19.2%	Private residence	8.8%	Volunteer Coordinator	1.0
		Nursing home	56.4	Nursing home	60.4	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	35.2
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	26.9%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.7	Community-based		Community-based		patients of the	
30 - 59 days	13.9	res. facility	24.4	res. facility	30.8	hospice in 2005:	35
60 - 89 days	7.5	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	11.1	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	7.5	Total Deaths	312	Caseload	91	service provided	
1 year or more	3.3					during 2005 by these	
Total Discharges	360					volunteers:	1,838

Unity Hospice
 916 Willard Drive, Suite 100
 Green Bay WI 54324

License Number: 1503
 County: Brown
 (800) 990-9249

Page 5

Ownership of Hospice:

Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 249
 Unduplicated Patient Count for 2005: 1,096
 Average Daily Census: 233
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	25.2%	Medicare	73.9%
20 to 54	6.5	(cancer)	60.2%	Self-referral	4.0	Medicaid	0.8
55 to 64	8.1	Cardiovascular		Patient's family	18.0	Medicare/Medicaid	8.0
65 to 74	15.1	disease	21.4	Hospital	34.8	Managed Care/HMO	0.0
75 to 84	31.4	Pulmonary disease	6.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	32.4	Renal failure/		Nursing home	9.3	Private Insurance	5.2
95 & over	6.2	kidney disease	2.5	Assisted living:		Self Pay	12.0
Total Patients	1,096	Diabetes	0.1	Residential care		Other	0.0
		Alzheimer's disease	8.4	apt. complex	0.2	Caseload	249
Male	45.1%	AIDS	0.1	Adult family home	0.0		
Female	54.9	ALS	1.0	Community-based			
Total Patients	1,096	Other	0.0	res. facility	4.9		
		Total Patients	1,096	Other	3.6	STAFFING	FTEs*
TOTAL ADMISSIONS	967			Total Patients	1,096	Administrators	4.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	920	Medicare	73.7%			Registered Nurses	40.0
		Medicaid	1.8	PATIENT DAYS BY		Lic. Prac. Nurses	8.0
REASON FOR DISCHARGE		Medicare/Medicaid	8.6	LEVEL OF CARE		Hospice Aides	21.3
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.5%	Physical Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	5.1	symptom mgmt	0.5	Pathologists	0.0
another hospice	0.2	Other	0.0	Respite care	1.0	Bereavement Counselors	3.5
Revocation of		Total Admissions	967	Total Patient Days	84,918	Social Workers	16.0
hospice benefit	15.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	2.0
Deaths	82.1	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	9.5
Total Discharges	920	Private residence	51.0%	Private residence	59.4%	Volunteer Coordinator	1.0
		Nursing home	19.2	Nursing home	15.3	Other	2.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	107.3
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.6%	apt. complex	1.6	apt. complex	2.0		
8 - 14 days	14.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	14.8	Community-based		Community-based		patients of the	
30 - 59 days	14.1	res. facility	13.6	res. facility	22.5	hospice in 2005:	183
60 - 89 days	6.4	Inpatient facility	14.6	Inpatient facility	0.8		
90 - 179 days	11.1	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.7	Total Deaths	755	Caseload	249	service provided	
1 year or more	3.9					during 2005 by these	
Total Discharges	920					volunteers:	17,772

Calumet County Hospice Agency
 206 Court Street
 Chilton WI 53014

License Number: 557
 County: Calumet
 (920) 849-1424

Page 6

Ownership of Hospice: Governmental County
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 3
 Unduplicated Patient Count for 2005: 24
 Average Daily Census: 5
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	4.2%	Malignant neoplasm		Physician	12.5%	Medicare	33.3%
20 to 54	0.0	(cancer)	50.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	16.7	Cardiovascular		Patient's family	16.7	Medicare/Medicaid	0.0
65 to 74	8.3	disease	20.8	Hospital	33.3	Managed Care/HMO	0.0
75 to 84	20.8	Pulmonary disease	8.3	Home health agency	8.3	PACE/Partnership	0.0
85 to 94	50.0	Renal failure/		Nursing home	25.0	Private Insurance	33.3
95 & over	0.0	kidney disease	8.3	Assisted living:		Self Pay	0.0
Total Patients	24	Diabetes	0.0	Residential care		Other	33.3
		Alzheimer's disease	4.2	apt. complex	0.0	Caseload	3
Male	45.8%	AIDS	0.0	Adult family home	0.0		
Female	54.2	ALS	0.0	Community-based			
Total Patients	24	Other	8.3	res. facility	4.2		
		Total Patients	24	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	22			Total Patients	24	Administrators	0.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	21	Medicare	81.8%			Registered Nurses	0.3
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	23.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	13.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	4.5	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	22	Total Patient Days	1,658	Social Workers	0.0
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	76.2	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	21	Private residence	37.5%	Private residence	66.7%	Volunteer Coordinator	0.0
		Nursing home	56.3	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.4
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	19.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	4.8	Community-based		Community-based		patients of the	
30 - 59 days	4.8	res. facility	6.3	res. facility	33.3	hospice in 2005:	6
60 - 89 days	4.8	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	33.3	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	9.5	Total Deaths	16	Caseload	3	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	21					volunteers:	97

St. Joseph's Hospice
 2661 County Highway I
 Chippewa Falls WI 54729

License Number: 1524
 County: Chippewa
 (715) 726-3485

Page 7

Ownership of Hospice: Nonprofit Church
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 28
 Unduplicated Patient Count for 2005: 198
 Average Daily Census: 28
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	22.7%	Medicare	92.9%
20 to 54	6.6	(cancer)	56.6%	Self-referral	0.5	Medicaid	0.0
55 to 64	13.1	Cardiovascular		Patient's family	8.1	Medicare/Medicaid	0.0
65 to 74	17.7	disease	17.7	Hospital	42.9	Managed Care/HMO	0.0
75 to 84	29.8	Pulmonary disease	8.6	Home health agency	12.1	PACE/Partnership	0.0
85 to 94	29.8	Renal failure/		Nursing home	10.1	Private Insurance	7.1
95 & over	2.5	kidney disease	4.5	Assisted living:		Self Pay	0.0
Total Patients	198	Diabetes	0.5	Residential care		Other	0.0
		Alzheimer's disease	6.1	apt. complex	0.0	Caseload	28
Male	47.5%	AIDS	1.0	Adult family home	0.0		
Female	52.5	ALS	0.0	Community-based			
Total Patients	198	Other	5.1	res. facility	1.5		
		Total Patients	198	Other	2.0	STAFFING	FTEs*
TOTAL ADMISSIONS	181			Total Patients	198	Administrators	0.5
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	177	Medicare	83.4%			Registered Nurses	8.0
		Medicaid	4.4	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	1.1	LEVEL OF CARE		Hospice Aides	1.0
Hospice care not		Managed Care/HMO	2.8	Routine home care	99.6%	Physical Therapists	0.0
appropriate	8.5%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	7.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.6	symptom mgmt	0.3	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.1	Bereavement Counselors	1.0
Revocation of		Total Admissions	181	Total Patient Days	10,165	Social Workers	2.0
hospice benefit	4.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.2
Deaths	87.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Total Discharges	177	Private residence	85.8%	Private residence	92.9%	Volunteer Coordinator	0.6
		Nursing home	11.6	Nursing home	7.1	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	15.3
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.7%	apt. complex	1.9	apt. complex	0.0		
8 - 14 days	10.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	18.1	Community-based		Community-based		patients of the	
30 - 59 days	13.6	res. facility	0.6	res. facility	0.0	hospice in 2005:	66
60 - 89 days	12.4	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	13.0	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.0	Total Deaths	155	Caseload	28	service provided	
1 year or more	1.1					during 2005 by these	
Total Discharges	177					volunteers:	1,465

Prairie du Chien Hospice
705 East Taylor Street
Prairie du Chien WI 53821

License Number: 1513
County: Crawford
(608) 357-2000

Page 8

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 12
Unduplicated Patient Count for 2005: 139
Average Daily Census: 16
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	61.9%	Medicare	83.3%
20 to 54	2.9	(cancer)	59.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	9.4	Cardiovascular		Patient's family	5.8	Medicare/Medicaid	16.7
65 to 74	17.3	disease	12.2	Hospital	20.1	Managed Care/HMO	0.0
75 to 84	41.7	Pulmonary disease	7.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.2	Renal failure/		Nursing home	10.8	Private Insurance	0.0
95 & over	3.6	kidney disease	7.2	Assisted living:		Self Pay	0.0
Total Patients	139	Diabetes	1.4	Residential care		Other	0.0
		Alzheimer's disease	3.6	apt. complex	0.0	Caseload	12
Male	48.9%	AIDS	0.0	Adult family home	0.0		
Female	51.1	ALS	2.2	Community-based			
Total Patients	139	Other	7.2	res. facility	0.0		
		Total Patients	139	Other	1.4	STAFFING	FTEs*
TOTAL ADMISSIONS	131			Total Patients	139	Administrators	2.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	131	Medicare	77.1%			Registered Nurses	4.1
		Medicaid	5.3	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	13.7	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	92.9%	Physical Therapists	0.0
appropriate	3.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	3.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	6.7	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.4	Bereavement Counselors	0.0
Revocation of		Total Admissions	131	Total Patient Days	5,889	Social Workers	1.4
hospice benefit	5.3					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	90.8	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	131	Private residence	21.0%	Private residence	50.0%	Volunteer Coordinator	0.0
		Nursing home	24.4	Nursing home	41.7	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	9.0
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	36.6%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.0	Community-based		Community-based		patients of the	
30 - 59 days	12.2	res. facility	0.0	res. facility	8.3	hospice in 2005:	50
60 - 89 days	6.9	Inpatient facility	54.6	Inpatient facility	0.0		
90 - 179 days	6.9	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.1	Total Deaths	119	Caseload	12	service provided	
1 year or more	0.8					during 2005 by these	
Total Discharges	131					volunteers:	436

Hospicecare
5395 East Cheryl Parkway
Madison WI 53711

License Number: 1505
County: Dane
(608) 276-4660

Page 9

Ownership of Hospice:	Nonprofit Corporation	December 31, 2005 Caseload:	328
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	1,791
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	309
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.2%	Malignant neoplasm 42.6%	Physician 33.6%	Medicare 88.7%
20 to 54 7.5	(cancer)	Self-referral 2.0	Medicaid 2.4
55 to 64 9.9	Cardiovascular	Patient's family 14.3	Medicare/Medicaid 0.0
65 to 74 15.4	disease 18.1	Hospital 31.1	Managed Care/HMO 5.5
75 to 84 30.5	Pulmonary disease 6.4	Home health agency 2.2	PACE/Partnership 0.0
85 to 94 29.6	Renal failure/	Nursing home 4.3	Private Insurance 2.1
95 & over 6.8	kidney disease 2.2	Assisted living:	Self Pay 0.0
Total Patients 1,791	Diabetes 0.1	Residential care	Other 1.2
	Alzheimer's disease 10.9	apt. complex 0.0	Caseload 328
Male 42.9%	AIDS 0.0	Adult family home 0.0	
Female 57.1	ALS 0.8	Community-based	
Total Patients 1,791	Other 18.9	res. facility 4.7	STAFFING FTEs*
TOTAL ADMISSIONS 1,603	Total Patients 1,791	Other 7.9	Administrators 16.6
	ADMISSIONS BY PAY SOURCE	Total Patients 1,791	Physicians 2.2
TOTAL DISCHARGES 1,557	Medicare 88.0%		Registered Nurses 65.4
	Medicaid 2.8	PATIENT DAYS BY	Lic. Prac. Nurses 14.8
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 31.8
Hospice care not appropriate 3.9%	Managed Care/HMO 0.0	Routine home care 94.1%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.2	Occupational Therapists 0.0
care provided by	Private Insurance 8.7	Inpatient care: acute	Speech/Language
another hospice 0.8	Self Pay 0.3	symptom mgmt 5.2	Pathologists 0.0
Revocation of hospice benefit 4.1	Other 0.2	Respite care 0.5	Bereavement Counselors 5.6
Other 4.5	Total Admissions 1,603	Total Patient Days 112,624	Social Workers 18.4
Deaths 86.6	DEATHS BY SITE	CASELOAD ON 12/31/05	Dietary 0.3
Total Discharges 1,557	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Chaplain 4.3
	Private residence 32.1%	Private residence 53.7%	Clerical/Office Support 50.6
	Nursing home 13.3	Nursing home 15.2	Volunteer Coordinator 5.6
	Hospice res. fac. 36.4	Hospice res. fac. 3.7	Other 9.9
	Assisted living:	Assisted living:	Total FTEs 225.3
	Residential care	Residential care	* Full-time equivalents
	apt. complex 0.0	apt. complex 0.0	
	Adult family home 0.0	Adult family home 0.0	Volunteers who served
	Community-based	Community-based	patients of the
	res. facility 13.3	res. facility 26.2	hospice in 2005: 651
	Inpatient facility 4.8	Inpatient facility 1.2	Total hours of
	Other site 0.0	Other site 0.0	service provided
DISCHARGES BY	Total Deaths 1,349	Caseload 328	during 2005 by these
LENGTH OF STAY			volunteers: 28,172
1 - 7 days 29.2%			
8 - 14 days 14.9			
15 - 29 days 14.4			
30 - 59 days 12.8			
60 - 89 days 8.6			
90 - 179 days 10.7			
180 days - 1 year 5.8			
1 year or more 3.5			
Total Discharges 1,557			

Hillside Home Care Hospice
709 South University Avenue
Beaver Dam WI 53916

License Number: 1518
County: Dodge
(920) 887-4050

Page 10

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 18
Unduplicated Patient Count for 2005: 124
Average Daily Census: 14
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	59.7%	Medicare	83.3%
20 to 54	8.1	(cancer)	65.3%	Self-referral	1.6	Medicaid	0.0
55 to 64	6.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	25.8	disease	10.5	Hospital	23.4	Managed Care/HMO	5.6
75 to 84	29.0	Pulmonary disease	4.8	Home health agency	3.2	PACE/Partnership	0.0
85 to 94	22.6	Renal failure/		Nursing home	11.3	Private Insurance	5.6
95 & over	7.3	kidney disease	4.8	Assisted living:		Self Pay	5.6
Total Patients	124	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	8.9	apt. complex	0.0	Caseload	18
Male	42.7%	AIDS	0.0	Adult family home	0.0		
Female	57.3	ALS	0.0	Community-based			
Total Patients	124	Other	5.6	res. facility	0.8		
		Total Patients	124	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	110			Total Patients	124	Administrators	0.3
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	109	Medicare	83.6%			Registered Nurses	2.7
		Medicaid	0.9	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	2.7	Routine home care	99.5%	Physical Therapists	0.0
appropriate	2.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.8	symptom mgmt	0.1	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.4	Bereavement Counselors	0.3
Revocation of		Total Admissions	110	Total Patient Days	5,117	Social Workers	0.5
hospice benefit	3.7					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	93.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.9
Total Discharges	109	Private residence	66.7%	Private residence	66.7%	Volunteer Coordinator	0.3
		Nursing home	18.6	Nursing home	16.7	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	25.7%	apt. complex	1.0	apt. complex	0.0		
8 - 14 days	13.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	21.1	Community-based		Community-based		patients of the	
30 - 59 days	17.4	res. facility	11.8	res. facility	16.7	hospice in 2005:	25
60 - 89 days	11.0	Inpatient facility	2.0	Inpatient facility	0.0		
90 - 179 days	6.4	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	3.7	Total Deaths	102	Caseload	18	service provided	
1 year or more	0.9					during 2005 by these	
Total Discharges	109					volunteers:	999

Northwest Wisconsin Homecare Hospice

2620 Stein Boulevard
Eau Claire WI 54701

License Number: 1519
County: Eau Claire
(715) 831-0100

Page 11

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 69
Unduplicated Patient Count for 2005: 366
Average Daily Census: 75
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	37.2%	Medicare	87.0%
20 to 54	5.2	(cancer)	46.7%	Self-referral	1.1	Medicaid	4.3
55 to 64	6.6	Cardiovascular		Patient's family	8.5	Medicare/Medicaid	0.0
65 to 74	15.6	disease	15.3	Hospital	28.4	Managed Care/HMO	0.0
75 to 84	34.7	Pulmonary disease	9.3	Home health agency	3.8	PACE/Partnership	0.0
85 to 94	32.2	Renal failure/		Nursing home	15.0	Private Insurance	8.7
95 & over	5.7	kidney disease	2.2	Assisted living:		Self Pay	0.0
Total Patients	366	Diabetes	0.3	Residential care		Other	0.0
		Alzheimer's disease	9.6	apt. complex	3.3	Caseload	69
Male	50.3%	AIDS	0.0	Adult family home	0.0		
Female	49.7	ALS	0.3	Community-based			
Total Patients	366	Other	16.4	res. facility	0.0		
		Total Patients	366	Other	2.7		
TOTAL ADMISSIONS	330			Total Patients	366		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	327	Medicare	89.4%			Administrators	3.3
		Medicaid	1.8			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	5.6
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.8
appropriate	4.3%	PACE/Partnership	0.0	Routine home care	99.5%	Hospice Aides	4.0
Transferred:		Private Insurance	8.8	Continuous care	0.0	Physical Therapists	0.3
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.1
another hospice	0.6	Other	0.0	symptom mgmt	0.2	Speech/Language	
Revocation of		Total Admissions	330	Respite care	0.3	Pathologists	0.0
hospice benefit	2.4			Total Patient Days	27,533	Bereavement Counselors	4.2
Other	20.5					Social Workers	7.0
Deaths	72.2	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	0.9
Total Discharges	327	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	0.0
		Private residence	69.5%	Private residence	72.5%	Clerical/Office Support	17.1
		Nursing home	25.0	Nursing home	24.6	Volunteer Coordinator	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
DISCHARGES BY		Assisted living:		Assisted living:		Total FTEs	43.3
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	20.2%	apt. complex	0.8	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	10.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	19.9	Community-based		Community-based		patients of the	
30 - 59 days	17.4	res. facility	3.0	res. facility	2.9	hospice in 2005:	
60 - 89 days	8.0	Inpatient facility	1.7	Inpatient facility	0.0	50	
90 - 179 days	11.3	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	8.0	Total Deaths	236	Caseload	69	service provided	
1 year or more	4.9					during 2005 by these	
Total Discharges	327					volunteers:	
						1,393	

St. Agnes Hospital Hospice Hope
 239 Trowbride, Box 385
 Fond du Lac WI 54936

License Number: 1512
 County: Fond du Lac
 (800) 236-4156

Page 12

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	54
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	520
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	75
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.2%	Malignant neoplasm 52.3%	Physician 21.3%	Medicare 87.0%
20 to 54 7.1	(cancer)	Self-referral 12.5	Medicaid 3.7
55 to 64 9.8	Cardiovascular	Patient's family 0.0	Medicare/Medicaid 0.0
65 to 74 13.8	disease 15.6	Hospital 37.3	Managed Care/HMO 0.0
75 to 84 31.3	Pulmonary disease 5.2	Home health agency 3.5	PACE/Partnership 0.0
85 to 94 29.6	Renal failure/	Nursing home 23.1	Private Insurance 5.6
95 & over 8.1	kidney disease 4.4	Assisted living:	Self Pay 0.0
Total Patients 520	Diabetes 0.0	Residential care	Other 3.7
	Alzheimer's disease 2.9	apt. complex 0.0	Caseload 54
Male 38.3%	AIDS 0.0	Adult family home 0.0	
Female 61.7	ALS 0.4	Community-based	
Total Patients 520	Other 19.2	res. facility 0.8	STAFFING FTEs*
TOTAL ADMISSIONS 500	Total Patients 520	Other 1.5	Administrators 1.5
	ADMISSIONS BY PAY SOURCE	Total Patients 520	Physicians 0.0
TOTAL DISCHARGES 512	Medicare 82.8%		Registered Nurses 11.1
	Medicaid 2.8	PATIENT DAYS BY	Lic. Prac. Nurses 3.7
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 13.2
Hospice care not appropriate 2.1%	Managed Care/HMO 0.0	Routine home care 99.5%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 12.8	Inpatient care: acute	Speech/Language
another hospice 8.2	Self Pay 0.0	symptom mgmt 0.5	Pathologists 0.0
Revocation of hospice benefit 5.1	Other 1.6	Respite care 0.0	Bereavement Counselors 0.5
Other 0.2	Total Admissions 500	Total Patient Days 27,446	Social Workers 1.3
Deaths 84.4	DEATHS BY SITE	CASELOAD ON 12/31/05	Dietary 0.9
Total Discharges 512	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Chaplain 0.0
	Private residence 37.0%	Private residence 33.3%	Clerical/Office Support 1.3
	Nursing home 34.7	Nursing home 35.2	Volunteer Coordinator 0.0
	Hospice res. fac. 19.2	Hospice res. fac. 22.2	Other 1.0
	Assisted living:	Assisted living:	Total FTEs 34.6
	Residential care	Residential care	* Full-time equivalents
1 - 7 days 33.4%	apt. complex 0.0	apt. complex 0.0	Volunteers who served
8 - 14 days 15.4	Adult family home 0.0	Adult family home 0.0	patients of the
15 - 29 days 16.6	Community-based	Community-based	hospice in 2005: 253
30 - 59 days 10.5	res. facility 8.8	res. facility 9.3	
60 - 89 days 7.6	Inpatient facility 0.2	Inpatient facility 0.0	Total hours of
90 - 179 days 9.2	Other site 0.0	Other site 0.0	service provided
180 days - 1 year 6.4	Total Deaths 432	Caseload 54	during 2005 by these
1 year or more 0.8			volunteers: 13,651
Total Discharges 512			

Grant County Hospice
 111 South Jefferson Street
 Lancaster WI 53813

License Number: 516
 County: Grant
 (608) 723-6416

Page 13

Ownership of Hospice: Governmental County
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 17
 Unduplicated Patient Count for 2005: 59
 Average Daily Census: 8
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	20.3%	Medicare	82.4%
20 to 54	1.7	(cancer)	50.8%	Self-referral	0.0	Medicaid	5.9
55 to 64	13.6	Cardiovascular		Patient's family	16.9	Medicare/Medicaid	0.0
65 to 74	18.6	disease	20.3	Hospital	45.8	Managed Care/HMO	5.9
75 to 84	44.1	Pulmonary disease	3.4	Home health agency	3.4	PACE/Partnership	0.0
85 to 94	16.9	Renal failure/		Nursing home	13.6	Private Insurance	5.9
95 & over	5.1	kidney disease	6.8	Assisted living:		Self Pay	0.0
Total Patients	59	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.4	apt. complex	0.0	Caseload	17
Male	49.2%	AIDS	0.0	Adult family home	0.0		
Female	50.8	ALS	0.0	Community-based			
Total Patients	59	Other	15.3	res. facility	0.0	STAFFING	FTEs*
		Total Patients	59	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	52			Total Patients	59	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.2
TOTAL DISCHARGES	43	Medicare	84.6%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	1.9	LEVEL OF CARE		Hospice Aides	0.5
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	97.4%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	5.8	Continuous care	0.0	Occupational Therapists	0.0
appropriate	4.7%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	5.8	symptom mgmt	1.8	Pathologists	0.0
care provided by		Self Pay	1.9	Respite care	0.8	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Total Patient Days	3,064	Social Workers	0.5
Revocation of		Total Admissions	52			Dietary	0.0
hospice benefit	11.6			CASELOAD ON 12/31/05		Chaplain	0.0
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.4
Deaths	83.7	OF OCCURRENCE		Private residence	70.6%	Volunteer Coordinator	0.2
Total Discharges	43	Private residence	50.0%	Nursing home	23.5	Other	0.0
		Nursing home	22.2	Hospice res. fac.	0.0	Total FTEs	5.0
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	44.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	9.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	14.0	Community-based		Community-based		patients of the	
30 - 59 days	20.9	res. facility	0.0	res. facility	0.0	hospice in 2005:	16
60 - 89 days	2.3	Inpatient facility	27.8	Inpatient facility	5.9	Total hours of	
90 - 179 days	7.0	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	2.3	Total Deaths	36	Caseload	17	during 2005 by these	
1 year or more	0.0					volunteers:	386
Total Discharges	43						

The Monroe Clinic Hospice
 515 22nd Avenue
 Monroe WI 53566

License Number: 1523
 County: Green
 (608) 324-1230

Page 14

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 20
 Unduplicated Patient Count for 2005: 157
 Average Daily Census: 21
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	42.7%	Medicare	85.0%
20 to 54	5.7	(cancer)	54.1%	Self-referral	0.0	Medicaid	5.0
55 to 64	14.6	Cardiovascular		Patient's family	7.6	Medicare/Medicaid	0.0
65 to 74	21.0	disease	9.6	Hospital	27.4	Managed Care/HMO	5.0
75 to 84	28.7	Pulmonary disease	6.4	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	26.1	Renal failure/		Nursing home	16.6	Private Insurance	5.0
95 & over	3.2	kidney disease	2.5	Assisted living:		Self Pay	0.0
Total Patients	157	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	7.0	apt. complex	1.3	Caseload	20
Male	41.4%	AIDS	0.0	Adult family home	0.0		
Female	58.6	ALS	0.0	Community-based			
Total Patients	157	Other	20.4	res. facility	4.5		
		Total Patients	157	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	142			Total Patients	157	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	137	Medicare	80.3%			Registered Nurses	3.9
		Medicaid	4.2	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.9
Hospice care not		Managed Care/HMO	12.0	Routine home care	99.5%	Physical Therapists	0.0
appropriate	2.2%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	3.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.3	Pathologists	0.0
another hospice	0.7	Other	0.0	Respite care	0.2	Bereavement Counselors	0.8
Revocation of		Total Admissions	142	Total Patient Days	7,666	Social Workers	0.8
hospice benefit	5.8					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	91.2	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.5
Total Discharges	137	Private residence	59.2%	Private residence	50.0%	Volunteer Coordinator	0.2
		Nursing home	25.6	Nursing home	40.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	9.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.4%	apt. complex	3.2	apt. complex	0.0		
8 - 14 days	10.9	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	21.9	Community-based		Community-based		patients of the	
30 - 59 days	15.3	res. facility	8.8	res. facility	10.0	hospice in 2005:	43
60 - 89 days	12.4	Inpatient facility	3.2	Inpatient facility	0.0		
90 - 179 days	13.1	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.9	Total Deaths	125	Caseload	20	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	137					volunteers:	6,200

Upland Hills Hospice
800 Compassion Way
Dodgeville WI 53533

License Number: 545
County: Iowa
(608) 930-7210

Page 15

Ownership of Hospice:	Nonprofit Corporation	December 31, 2005 Caseload:	22
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	131
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	21
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.8%	Malignant neoplasm 55.7%	Physician 58.8%	Medicare 95.5%
20 to 54 4.6	(cancer)	Self-referral 0.8	Medicaid 0.0
55 to 64 13.0	Cardiovascular	Patient's family 2.3	Medicare/Medicaid 0.0
65 to 74 14.5	disease 15.3	Hospital 29.0	Managed Care/HMO 0.0
75 to 84 34.4	Pulmonary disease 6.1	Home health agency 1.5	PACE/Partnership 0.0
85 to 94 29.0	Renal failure/	Nursing home 5.3	Private Insurance 4.5
95 & over 3.8	kidney disease 3.8	Assisted living:	Self Pay 0.0
Total Patients 131	Diabetes 0.8	Residential care	Other 0.0
	Alzheimer's disease 1.5	apt. complex 0.0	Caseload 22
Male 49.6%	AIDS 0.0	Adult family home 0.0	
Female 50.4	ALS 0.8	Community-based	
Total Patients 131	Other 16.0	res. facility 2.3	STAFFING FTEs*
TOTAL ADMISSIONS 115	Total Patients 131	Other 0.0	Administrators 0.6
	ADMISSIONS BY PAY SOURCE	Total Patients 131	Physicians 0.1
TOTAL DISCHARGES 112	Medicare 81.7%		Registered Nurses 4.4
	Medicaid 0.9	PATIENT DAYS BY	Lic. Prac. Nurses 0.5
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 1.1
Hospice care not appropriate 0.9%	Managed Care/HMO 0.0	Routine home care 97.6%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 17.4	Inpatient care: acute	Speech/Language
another hospice 2.7	Self Pay 0.0	symptom mgmt 0.9	Pathologists 0.0
Revocation of	Other 0.0	Respite care 1.5	Bereavement Counselors 0.2
hospice benefit 9.8	Total Admissions 115	Total Patient Days 7,781	Social Workers 1.4
Other 0.0			Dietary 0.0
Deaths 86.6	DEATHS BY SITE	CASELOAD ON 12/31/05	Chaplain 0.0
Total Discharges 112	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 1.6
	Private residence 55.7%	Private residence 86.4%	Volunteer Coordinator 0.8
	Nursing home 20.6	Nursing home 9.1	Other 0.1
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 10.9
DISCHARGES BY	Assisted living:	Assisted living:	* Full-time equivalents
LENGTH OF STAY	Residential care	Residential care	
1 - 7 days 25.9%	apt. complex 0.0	apt. complex 0.0	Volunteers who served
8 - 14 days 17.0	Adult family home 0.0	Adult family home 0.0	patients of the
15 - 29 days 17.0	Community-based	Community-based	hospice in 2005: 46
30 - 59 days 14.3	res. facility 3.1	res. facility 4.5	
60 - 89 days 8.0	Inpatient facility 20.6	Inpatient facility 0.0	Total hours of
90 - 179 days 13.4	Other site 0.0	Other site 0.0	service provided
180 days - 1 year 3.6	Total Deaths 97	Caseload 22	during 2005 by these
1 year or more 0.9			volunteers: 3,506
Total Discharges 112			

Black River Hospice
 711 West Adams Street
 Black River Falls WI 54615

License Number: 2006
 County: Jackson
 (715) 284-1343

Page 16

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 13
 Unduplicated Patient Count for 2005: 83
 Average Daily Census: 15
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	2.4%	Malignant neoplasm		Physician	60.2%	Medicare	92.3%
20 to 54	3.6	(cancer)	45.8%	Self-referral	0.0	Medicaid	0.0
55 to 64	12.0	Cardiovascular		Patient's family	9.6	Medicare/Medicaid	0.0
65 to 74	26.5	disease	20.5	Hospital	16.9	Managed Care/HMO	0.0
75 to 84	32.5	Pulmonary disease	10.8	Home health agency	3.6	PACE/Partnership	0.0
85 to 94	19.3	Renal failure/		Nursing home	7.2	Private Insurance	7.7
95 & over	3.6	kidney disease	3.6	Assisted living:		Self Pay	0.0
Total Patients	83	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.2	apt. complex	0.0	Caseload	13
Male	55.4%	AIDS	0.0	Adult family home	0.0		
Female	44.6	ALS	1.2	Community-based			
Total Patients	83	Other	16.9	res. facility	1.2	STAFFING	FTEs*
		Total Patients	83	Other	1.2	Administrators	1.0
TOTAL ADMISSIONS	75			Total Patients	83	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	3.5
TOTAL DISCHARGES	81	Medicare	85.3%			Lic. Prac. Nurses	0.8
		Medicaid	1.3	PATIENT DAYS BY		Hospice Aides	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.3%	Occupational Therapists	0.0
appropriate	2.5%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	12.0	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	1.3	symptom mgmt	0.9	Bereavement Counselors	0.3
another hospice	0.0	Other	0.0	Respite care	0.8	Social Workers	1.2
Revocation of		Total Admissions	75	Total Patient Days	5,645	Dietary	0.0
hospice benefit	14.8					Chaplain	0.7
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	1.8
Deaths	82.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.4
Total Discharges	81	Private residence	70.1%	Private residence	84.6%	Other	0.0
		Nursing home	16.4	Nursing home	15.4	Total FTEs	10.6
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	23.5%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	13.6	Adult family home	1.5	Adult family home	0.0	patients of the	
15 - 29 days	21.0	Community-based		Community-based		hospice in 2005:	43
30 - 59 days	11.1	res. facility	7.5	res. facility	0.0		
60 - 89 days	4.9	Inpatient facility	4.5	Inpatient facility	0.0	Total hours of	
90 - 179 days	13.6	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	9.9	Total Deaths	67	Caseload	13	during 2005 by these	
1 year or more	2.5					volunteers:	848
Total Discharges	81						

Rainbow Hospice Care, Inc.
147 West Rockwell Street
Jefferson WI 53549

License Number: 508
County: Jefferson
(920) 674-6255

Page 17

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 50
Unduplicated Patient Count for 2005: 322
Average Daily Census: 48
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	32.3%	Medicare	80.0%
20 to 54	4.3	(cancer)	46.9%	Self-referral	0.3	Medicaid	4.0
55 to 64	8.4	Cardiovascular		Patient's family	17.1	Medicare/Medicaid	4.0
65 to 74	15.2	disease	16.8	Hospital	28.0	Managed Care/HMO	0.0
75 to 84	32.9	Pulmonary disease	4.0	Home health agency	0.9	PACE/Partnership	0.0
85 to 94	32.0	Renal failure/		Nursing home	8.4	Private Insurance	6.0
95 & over	6.5	kidney disease	4.7	Assisted living:		Self Pay	0.0
Total Patients	322	Diabetes	0.0	Residential care		Other	6.0
		Alzheimer's disease	8.1	apt. complex	0.6	Caseload	50
Male	46.6%	AIDS	0.0	Adult family home	0.3		
Female	53.4	ALS	0.6	Community-based			
Total Patients	322	Other	18.9	res. facility	8.1		
		Total Patients	322	Other	4.0	STAFFING	FTEs*
TOTAL ADMISSIONS	281			Total Patients	322	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	277	Medicare	75.4%			Registered Nurses	9.5
		Medicaid	1.4	PATIENT DAYS BY		Lic. Prac. Nurses	2.0
REASON FOR DISCHARGE		Medicare/Medicaid	7.8	LEVEL OF CARE		Hospice Aides	6.6
Hospice care not		Managed Care/HMO	4.3	Routine home care	98.0%	Physical Therapists	0.0
appropriate	2.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	9.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.5	Pathologists	0.0
another hospice	0.4	Other	1.8	Respite care	0.5	Bereavement Counselors	1.0
Revocation of		Total Admissions	281	Total Patient Days	17,493	Social Workers	2.8
hospice benefit	5.1					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.5
Deaths	91.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Total Discharges	277	Private residence	47.2%	Private residence	74.0%	Volunteer Coordinator	1.0
		Nursing home	16.9	Nursing home	8.0	Other	2.5
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	28.9
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.8%	apt. complex	1.2	apt. complex	0.0		
8 - 14 days	15.5	Adult family home	0.4	Adult family home	2.0	Volunteers who served	
15 - 29 days	16.6	Community-based		Community-based		patients of the	
30 - 59 days	14.1	res. facility	18.5	res. facility	14.0	hospice in 2005:	76
60 - 89 days	6.5	Inpatient facility	15.7	Inpatient facility	2.0		
90 - 179 days	11.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.1	Total Deaths	254	Caseload	50	service provided	
1 year or more	2.2					during 2005 by these	
Total Discharges	277					volunteers:	3,091

Hospice Alliance
 10220 Prairie Ridge Boulevard
 Pleasant Prairie WI 53158

License Number: 1502
 County: Kenosha
 (262) 652-4400

Page 18

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 103
 Unduplicated Patient Count for 2005: 588
 Average Daily Census: 90
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.3%	Malignant neoplasm		Physician	33.7%	Medicare	98.1%
20 to 54	6.5	(cancer)	55.8%	Self-referral	0.0	Medicaid	0.0
55 to 64	10.2	Cardiovascular		Patient's family	12.1	Medicare/Medicaid	0.0
65 to 74	17.0	disease	13.6	Hospital	17.0	Managed Care/HMO	0.0
75 to 84	36.9	Pulmonary disease	7.8	Home health agency	0.3	PACE/Partnership	0.0
85 to 94	24.1	Renal failure/		Nursing home	13.6	Private Insurance	1.9
95 & over	4.9	kidney disease	3.4	Assisted living:		Self Pay	0.0
Total Patients	588	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	14.3	apt. complex	0.0	Caseload	103
Male	35.9%	AIDS	0.0	Adult family home	0.0		
Female	64.1	ALS	2.6	Community-based			
Total Patients	588	Other	2.6	res. facility	2.0		
		Total Patients	588	Other	21.3	STAFFING	FTEs*
TOTAL ADMISSIONS	518			Total Patients	588	Administrators	0.5
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	489	Medicare	85.9%			Registered Nurses	14.9
		Medicaid	2.7	PATIENT DAYS BY		Lic. Prac. Nurses	4.3
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	8.7
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.3%	Physical Therapists	0.0
appropriate	2.2%	PACE/Partnership	0.0	Continuous care	0.6	Occupational Therapists	0.0
Transferred:		Private Insurance	10.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.2	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.2	Other	0.0	Respite care	0.1	Bereavement Counselors	0.9
Revocation of		Total Admissions	518	Total Patient Days	32,776	Social Workers	1.2
hospice benefit	3.7					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	93.9	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	8.8
Total Discharges	489	Private residence	64.7%	Private residence	49.5%	Volunteer Coordinator	0.6
		Nursing home	17.6	Nursing home	45.6	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	2.9	Total FTEs	39.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	35.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	15.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.7	Community-based		Community-based		patients of the	
30 - 59 days	13.9	res. facility	17.6	res. facility	1.9	hospice in 2005:	600
60 - 89 days	5.3	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	7.4	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.7	Total Deaths	459	Caseload	103	service provided	
1 year or more	1.8					during 2005 by these	
Total Discharges	489					volunteers:	5,796

Franciscan Skemp Hospice Services
 212 South 11st Street
 La Crosse WI 54601

License Number: 1507
 County: La Crosse
 (608) 791-9790

Page 19

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	28
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	190
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	34
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 54.7%	Physician 90.0%	Medicare 85.7%
20 to 54 9.5	(cancer)	Self-referral 0.0	Medicaid 3.6
55 to 64 12.6	Cardiovascular	Patient's family 3.7	Medicare/Medicaid 0.0
65 to 74 18.9	disease 15.3	Hospital 2.1	Managed Care/HMO 0.0
75 to 84 29.5	Pulmonary disease 10.0	Home health agency 2.1	PACE/Partnership 0.0
85 to 94 25.8	Renal failure/	Nursing home 2.1	Private Insurance 10.7
95 & over 3.7	kidney disease 5.3	Assisted living:	Self Pay 0.0
Total Patients 190	Diabetes 0.5	Residential care	Other 0.0
	Alzheimer's disease 0.0	apt. complex 0.0	Caseload 28
Male 43.7%	AIDS 0.5	Adult family home 0.0	
Female 56.3	ALS 1.6	Community-based	
Total Patients 190	Other 12.1	res. facility 0.0	STAFFING FTEs*
	Total Patients 190	Other 0.0	Administrators 1.0
TOTAL ADMISSIONS 166		Total Patients 190	Physicians 0.1
	ADMISSIONS BY PAY SOURCE		Registered Nurses 5.1
TOTAL DISCHARGES 169	Medicare 80.7%	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
	Medicaid 4.8	LEVEL OF CARE	Hospice Aides 1.9
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	Routine home care 98.5%	Physical Therapists 0.1
Hospice care not appropriate 7.1%	Managed Care/HMO 0.0	Continuous care 0.0	Occupational Therapists 0.1
Transferred:	PACE/Partnership 0.0	Inpatient care: acute	Speech/Language
care provided by	Private Insurance 14.5	symptom mgmt 0.5	Pathologists 0.0
another hospice 0.0	Self Pay 0.0	Respite care 1.0	Bereavement Counselors 0.2
Revocation of hospice benefit 5.3	Other 0.0	Total Patient Days 12,479	Social Workers 0.8
Other 1.8	Total Admissions 166		Dietary 0.0
Deaths 85.8		CASELOAD ON 12/31/05	Chaplain 1.0
Total Discharges 169	DEATHS BY SITE	BY LIVING ARRANGEMENTS	Clerical/Office Support 1.0
	OF OCCURRENCE	Private residence 82.1%	Volunteer Coordinator 0.1
	Private residence 46.2%	Nursing home 14.3	Other 0.0
	Nursing home 41.4	Hospice res. fac. 0.0	Total FTEs 11.3
	Hospice res. fac. 0.0	Assisted living:	
DISCHARGES BY	Assisted living:	Residential care	* Full-time equivalents
LENGTH OF STAY	Residential care	apt. complex 3.6	
1 - 7 days 24.9%	apt. complex 0.0	Adult family home 0.0	Volunteers who served
8 - 14 days 16.0	Adult family home 0.0	Community-based	patients of the
15 - 29 days 16.6	Community-based	res. facility 0.0	hospice in 2005: 56
30 - 59 days 15.4	res. facility 0.0	Inpatient facility 0.0	
60 - 89 days 5.3	Inpatient facility 12.4	Other site 0.0	Total hours of
90 - 179 days 8.9	Other site 0.0	Caseload 28	service provided
180 days - 1 year 8.9	Total Deaths 145		during 2005 by these
1 year or more 4.1			volunteers: 838
Total Discharges 169			

Gundersen Lutheran Medical Center
 811 Monitor Street, Suite 101
 La Crosse WI 54601

License Number: 2007
 County: La Crosse
 (608) 775-8400

Page 20

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 53
 Unduplicated Patient Count for 2005: 290
 Average Daily Census: 53
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	89.0%	Medicare	92.5%
20 to 54	7.2	(cancer)	44.8%	Self-referral	0.0	Medicaid	0.0
55 to 64	9.0	Cardiovascular		Patient's family	1.0	Medicare/Medicaid	0.0
65 to 74	19.7	disease	23.8	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	33.4	Pulmonary disease	8.3	Home health agency	2.1	PACE/Partnership	0.0
85 to 94	29.0	Renal failure/		Nursing home	6.9	Private Insurance	7.5
95 & over	1.7	kidney disease	5.5	Assisted living:		Self Pay	0.0
Total Patients	290	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.3	apt. complex	0.3	Caseload	53
Male	50.3%	AIDS	0.0	Adult family home	0.0		
Female	49.7	ALS	0.3	Community-based			
Total Patients	290	Other	16.9	res. facility	0.7	STAFFING	FTEs*
		Total Patients	290	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	252			Total Patients	290	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	9.5
TOTAL DISCHARGES	240	Medicare	86.1%			Lic. Prac. Nurses	0.0
		Medicaid	0.4	PATIENT DAYS BY		Hospice Aides	3.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	1.4
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.8%	Occupational Therapists	0.4
appropriate	0.4%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	13.5	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	2.5	Bereavement Counselors	1.0
another hospice	1.3	Other	0.0	Respite care	0.7	Social Workers	2.5
Revocation of		Total Admissions	252	Total Patient Days	19,245	Dietary	0.0
hospice benefit	6.7					Chaplain	1.0
Other	0.4	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	4.7
Deaths	91.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
Total Discharges	240	Private residence	47.9%	Private residence	86.8%	Other	0.0
		Nursing home	18.3	Nursing home	9.4	Total FTEs	24.9
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	34.2%	apt. complex	0.0	apt. complex	1.9	Volunteers who served	
8 - 14 days	13.3	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	14.6	Community-based		Community-based		hospice in 2005:	67
30 - 59 days	11.7	res. facility	0.9	res. facility	1.9		
60 - 89 days	6.3	Inpatient facility	32.9	Inpatient facility	0.0	Total hours of	
90 - 179 days	8.8	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	7.9	Total Deaths	219	Caseload	53	during 2005 by these	
1 year or more	3.3					volunteers:	1,069
Total Discharges	240						

Lafayette County Hospice
 729 Clay Street, PO Box 118
 Darlington WI 53530

License Number: 538
 County: Lafayette
 (608) 776-4895

Ownership of Hospice: Governmental County
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 1
 Unduplicated Patient Count for 2005: 25
 Average Daily Census: 3
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	44.0%	Medicare	0.0%
20 to 54	8.0	(cancer)	72.0%	Self-referral	4.0	Medicaid	0.0
55 to 64	8.0	Cardiovascular		Patient's family	12.0	Medicare/Medicaid	0.0
65 to 74	28.0	disease	8.0	Hospital	24.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	8.0	Home health agency	4.0	PACE/Partnership	0.0
85 to 94	12.0	Renal failure/		Nursing home	12.0	Private Insurance	0.0
95 & over	4.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	25	Diabetes	0.0	Residential care		Other	100.0
		Alzheimer's disease	4.0	apt. complex	0.0	Caseload	1
Male	32.0%	AIDS	0.0	Adult family home	0.0		
Female	68.0	ALS	0.0	Community-based			
Total Patients	25	Other	8.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	25	Other	0.0	Administrators	0.0
TOTAL ADMISSIONS	22			Total Patients	25	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	1.1
TOTAL DISCHARGES	24	Medicare	63.6%			Lic. Prac. Nurses	0.0
		Medicaid	0.0	PATIENT DAYS BY		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	13.6	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	95.2%	Occupational Therapists	0.0
appropriate	4.2%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	13.6	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	4.5	symptom mgmt	3.5	Bereavement Counselors	0.0
another hospice	0.0	Other	4.5	Respite care	1.4	Social Workers	0.0
Revocation of		Total Admissions	22	Total Patient Days	1,184	Dietary	0.0
hospice benefit	12.5					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	0.1
Deaths	83.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
Total Discharges	24	Private residence	40.0%	Private residence	100.0%	Other	0.0
		Nursing home	30.0	Nursing home	0.0	Total FTEs	1.2
DISCHARGES BY		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
LENGTH OF STAY		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	25.0%	Residential care		Residential care			
8 - 14 days	4.2	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
15 - 29 days	8.3	Adult family home	0.0	Adult family home	0.0	patients of the	
30 - 59 days	16.7	Community-based		Community-based		hospice in 2005:	31
60 - 89 days	25.0	res. facility	15.0	res. facility	0.0		
90 - 179 days	12.5	Inpatient facility	15.0	Inpatient facility	0.0	Total hours of	
180 days - 1 year	4.2	Other site	0.0	Other site	0.0	service provided	
1 year or more	4.2	Total Deaths	20	Caseload	1	during 2005 by these	
Total Discharges	24					volunteers:	349

Le Royer Hospice
112 East Fifth Avenue
Antigo WI 54409

License Number: 524
County: Langlade
(715) 623-2331

Page 22

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	81
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	11
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	79.0%	Medicare	88.9%
20 to 54	3.7	(cancer)	45.7%	Self-referral	0.0	Medicaid	11.1
55 to 64	11.1	Cardiovascular		Patient's family	12.3	Medicare/Medicaid	0.0
65 to 74	23.5	disease	27.2	Hospital	1.2	Managed Care/HMO	0.0
75 to 84	21.0	Pulmonary disease	6.2	Home health agency	4.9	PACE/Partnership	0.0
85 to 94	38.3	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	2.5	kidney disease	4.9	Assisted living:		Self Pay	0.0
Total Patients	81	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.5	apt. complex	0.0	Caseload	9
Male	48.1%	AIDS	0.0	Adult family home	0.0		
Female	51.9	ALS	0.0	Community-based			
Total Patients	81	Other	13.6	res. facility	1.2	STAFFING	FTEs*
		Total Patients	81	Other	1.2	Administrators	1.0
TOTAL ADMISSIONS	72			Total Patients	81	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.0
TOTAL DISCHARGES	72	Medicare	80.6%			Lic. Prac. Nurses	0.0
		Medicaid	2.8	PATIENT DAYS BY		Hospice Aides	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	4.2	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.3%	Occupational Therapists	0.0
appropriate	1.4%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	12.5	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	3.2	Bereavement Counselors	0.4
another hospice	1.4	Other	0.0	Respite care	0.5	Social Workers	0.3
Revocation of		Total Admissions	72	Total Patient Days	3,982	Dietary	0.0
hospice benefit	5.6					Chaplain	0.3
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	0.4
Deaths	91.7	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.3
Total Discharges	72	Private residence	51.5%	Private residence	66.7%	Other	0.0
		Nursing home	4.5	Nursing home	0.0	Total FTEs	4.6
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	43.1%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	8.3	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	9.7	Community-based		Community-based		hospice in 2005:	27
30 - 59 days	16.7	res. facility	15.2	res. facility	11.1		
60 - 89 days	1.4	Inpatient facility	28.8	Inpatient facility	22.2	Total hours of	
90 - 179 days	11.1	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	5.6	Total Deaths	66	Caseload	9	during 2005 by these	
1 year or more	4.2					volunteers:	2,450
Total Discharges	72						

Holy Family Memorial Hospice
 333 Reed Avenue, P. O. Box 1450
 Manitowoc WI 54221

License Number: 1527
 County: Manitowoc
 (920) 320-8437

Page 23

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	3
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	67
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	7
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.4%	Medicare	100.0%
20 to 54	13.4	(cancer)	58.2%	Self-referral	0.0	Medicaid	0.0
55 to 64	6.0	Cardiovascular		Patient's family	22.4	Medicare/Medicaid	0.0
65 to 74	16.4	disease	13.4	Hospital	32.8	Managed Care/HMO	0.0
75 to 84	35.8	Pulmonary disease	9.0	Home health agency	6.0	PACE/Partnership	0.0
85 to 94	26.9	Renal failure/		Nursing home	7.5	Private Insurance	0.0
95 & over	1.5	kidney disease	6.0	Assisted living:		Self Pay	0.0
Total Patients	67	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.0	apt. complex	0.0	Caseload	3
Male	40.3%	AIDS	0.0	Adult family home	0.0		
Female	59.7	ALS	3.0	Community-based			
Total Patients	67	Other	7.5	res. facility	1.5	STAFFING	FTEs*
		Total Patients	67	Other	1.5	Administrators	0.2
TOTAL ADMISSIONS	59			Total Patients	67	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.8
TOTAL DISCHARGES	64	Medicare	89.8%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	1.7	LEVEL OF CARE		Hospice Aides	0.4
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	99.1%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	9.4%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	6.8	symptom mgmt	0.9	Pathologists	0.0
care provided by		Self Pay	1.7	Respite care	0.0	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Total Patient Days	2,538	Social Workers	0.2
Revocation of		Total Admissions	59			Dietary	0.0
hospice benefit	1.6			CASELOAD ON 12/31/05		Chaplain	0.2
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.2
Deaths	89.1	OF OCCURRENCE		Private residence	100.0%	Volunteer Coordinator	0.5
Total Discharges	64	Private residence	71.9%	Nursing home	0.0	Other	0.6
		Nursing home	12.3	Hospice res. fac.	0.0	Total FTEs	3.2
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	39.1%	Residential care		apt. complex	0.0		
8 - 14 days	4.7	apt. complex	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	18.8	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	12.5	Community-based		res. facility	0.0	hospice in 2005:	28
60 - 89 days	4.7	res. facility	5.3	Inpatient facility	0.0		
90 - 179 days	12.5	Inpatient facility	10.5	Other site	0.0	Total hours of	
180 days - 1 year	6.3	Other site	0.0	Caseload	3	service provided	
1 year or more	1.6	Total Deaths	57			during 2005 by these	
Total Discharges	64					volunteers:	684

Manitowoc County Community Hospice
 1004 Washington Street
 Manitowoc WI 54220

License Number: 1508
 County: Manitowoc
 (920) 684-7155

Page 24

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	11
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	31
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	29.0%	Medicare	100.0%
20 to 54	3.2	(cancer)	22.6%	Self-referral	9.7	Medicaid	0.0
55 to 64	0.0	Cardiovascular		Patient's family	29.0	Medicare/Medicaid	0.0
65 to 74	9.7	disease	25.8	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	25.8	Pulmonary disease	9.7	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	48.4	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	12.9	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	31	Diabetes	6.5	Residential care		Other	0.0
		Alzheimer's disease	25.8	apt. complex	3.2	Caseload	11
Male	41.9%	AIDS	3.2	Adult family home	0.0		
Female	58.1	ALS	0.0	Community-based			
Total Patients	31	Other	6.5	res. facility	29.0		
		Total Patients	31	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	26			Total Patients	31	Administrators	0.2
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	20	Medicare	96.2%	PATIENT DAYS BY		Registered Nurses	0.9
		Medicaid	3.8	LEVEL OF CARE		Lic. Prac. Nurses	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	100.0%	Hospice Aides	1.7
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Inpatient care: acute		Occupational Therapists	0.0
Transferred:		Private Insurance	0.0	symptom mgmt	0.0	Speech/Language	
care provided by		Self Pay	0.0	Respite care	0.0	Pathologists	0.0
another hospice	5.0	Other	0.0	Total Patient Days	1,931	Bereavement Counselors	0.3
Revocation of		Total Admissions	26			Social Workers	0.4
hospice benefit	5.0			CASELOAD ON 12/31/05		Dietary	0.0
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Chaplain	0.0
Deaths	90.0	OF OCCURRENCE		Private residence	45.5%	Clerical/Office Support	0.4
Total Discharges	20	Private residence	100.0%	Nursing home	0.0	Volunteer Coordinator	0.0
		Nursing home	0.0	Hospice res. fac.	0.0	Other	0.0
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:		Total FTEs	3.9
LENGTH OF STAY		Assisted living:		Residential care			
1 - 7 days	30.0%	Residential care		apt. complex	9.1	* Full-time equivalents	
8 - 14 days	15.0	apt. complex	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.0	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	20.0	Community-based		res. facility	45.5	hospice in 2005:	22
60 - 89 days	5.0	res. facility	0.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	15.0	Inpatient facility	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Other site	0.0	Caseload	11	during 2005 by these	
1 year or more	0.0	Total Deaths	18			volunteers:	1,348
Total Discharges	20						

Aspirus Comfort Care & Hospice Services
 333 Pine Ridge Boulevard
 Wausau WI 54401

License Number: 1514
 County: Marathon
 (715) 847-2702

Page 25

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 73
 Unduplicated Patient Count for 2005: 544
 Average Daily Census: 89
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	73.2%	Medicare	71.2%
20 to 54	6.3	(cancer)	41.4%	Self-referral	2.0	Medicaid	4.1
55 to 64	6.6	Cardiovascular		Patient's family	10.8	Medicare/Medicaid	20.5
65 to 74	13.4	disease	17.6	Hospital	2.9	Managed Care/HMO	0.0
75 to 84	34.0	Pulmonary disease	11.2	Home health agency	0.9	PACE/Partnership	0.0
85 to 94	32.9	Renal failure/		Nursing home	5.0	Private Insurance	4.1
95 & over	6.4	kidney disease	3.5	Assisted living:		Self Pay	0.0
Total Patients	544	Diabetes	0.2	Residential care		Other	0.0
		Alzheimer's disease	8.6	apt. complex	0.0	Caseload	73
Male	45.6%	AIDS	0.2	Adult family home	0.0		
Female	54.4	ALS	0.2	Community-based			
Total Patients	544	Other	17.1	res. facility	2.9	STAFFING	FTEs*
		Total Patients	544	Other	2.2	Administrators	3.0
TOTAL ADMISSIONS	467			Total Patients	544	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	25.6
TOTAL DISCHARGES	480	Medicare	63.4%			Lic. Prac. Nurses	6.3
		Medicaid	2.4	PATIENT DAYS BY		Hospice Aides	14.2
REASON FOR DISCHARGE		Medicare/Medicaid	27.6	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.9%	Occupational Therapists	0.0
appropriate	5.2%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	6.6	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	3.1	Bereavement Counselors	1.0
another hospice	1.3	Other	0.0	Respite care	0.1	Social Workers	4.4
Revocation of		Total Admissions	467	Total Patient Days	32,380	Dietary	0.0
hospice benefit	4.0					Chaplain	1.2
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	10.4
Deaths	89.6	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	1.0
Total Discharges	480	Private residence	25.1%	Private residence	57.5%	Other	1.0
		Nursing home	29.8	Nursing home	11.0	Total FTEs	68.0
		Hospice res. fac.	4.9	Hospice res. fac.	8.2		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	32.7%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	14.8	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	12.1	Community-based		Community-based		hospice in 2005:	181
30 - 59 days	10.8	res. facility	10.9	res. facility	19.2		
60 - 89 days	6.5	Inpatient facility	29.3	Inpatient facility	4.1	Total hours of	
90 - 179 days	10.8	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	9.4	Total Deaths	430	Caseload	73	during 2005 by these	
1 year or more	2.9					volunteers:	13,548
Total Discharges	480						

Heartland Home Health Care and Hospice
13255 West Bluemound Road, Suite 100
Brookfield WI 53005

License Number: 2003
County: Milwaukee
(262) 641-0778

Page 26

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	151
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	661
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	147
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 27.1%	Physician 18.5%	Medicare 67.5%
20 to 54 2.1	(cancer)	Self-referral 0.5	Medicaid 2.6
55 to 64 3.5	Cardiovascular	Patient's family 1.1	Medicare/Medicaid 28.5
65 to 74 9.5	disease 17.5	Hospital 8.0	Managed Care/HMO 0.0
75 to 84 33.3	Pulmonary disease 5.9	Home health agency 2.7	PACE/Partnership 0.0
85 to 94 40.2	Renal failure/	Nursing home 51.4	Private Insurance 0.7
95 & over 11.3	kidney disease 2.0	Assisted living:	Self Pay 0.7
Total Patients 661	Diabetes 0.8	Residential care	Other 0.0
	Alzheimer's disease 22.7	apt. complex 0.9	Caseload 151
Male 32.8%	AIDS 0.0	Adult family home 4.1	
Female 67.2	ALS 0.0	Community-based	
Total Patients 661	Other 24.1	res. facility 12.7	
	Total Patients 661	Other 0.2	STAFFING FTEs*
TOTAL ADMISSIONS 517		Total Patients 661	Administrators 1.0
	ADMISSIONS BY PAY SOURCE		Physicians 0.0
TOTAL DISCHARGES 527	Medicare 65.8%		Registered Nurses 19.3
	Medicaid 1.5	PATIENT DAYS BY	Lic. Prac. Nurses 4.7
REASON FOR DISCHARGE	Medicare/Medicaid 30.4	LEVEL OF CARE	Hospice Aides 13.5
Hospice care not appropriate 7.6%	Managed Care/HMO 0.0	Routine home care 99.0%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.6	Occupational Therapists 0.0
care provided by	Private Insurance 1.9	Inpatient care: acute	Speech/Language
another hospice 3.2	Self Pay 0.2	symptom mgmt 0.3	Pathologists 0.0
Revocation of hospice benefit 7.6	Other 0.2	Respite care 0.1	Bereavement Counselors 2.0
Other 0.4	Total Admissions 517	Total Patient Days 53,616	Social Workers 5.5
Deaths 81.2			Dietary 0.1
Total Discharges 527	DEATHS BY SITE	CASELOAD ON 12/31/05	Chaplain 3.2
	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 4.5
	Private residence 22.2%	Private residence 17.9%	Volunteer Coordinator 2.0
	Nursing home 58.9	Nursing home 48.3	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 55.7
DISCHARGES BY LENGTH OF STAY	Assisted living:	Assisted living:	* Full-time equivalents
1 - 7 days 23.0%	Residential care	Residential care	
8 - 14 days 11.8	apt. complex 0.7	apt. complex 2.0	Volunteers who served
15 - 29 days 13.5	Adult family home 3.3	Adult family home 5.3	patients of the
30 - 59 days 13.3	Community-based	Community-based	hospice in 2005: 49
60 - 89 days 8.0	res. facility 13.3	res. facility 26.5	
90 - 179 days 11.2	Inpatient facility 1.6	Inpatient facility 0.0	Total hours of
180 days - 1 year 12.1	Other site 0.0	Other site 0.0	service provided
1 year or more 7.2	Total Deaths 428	Caseload 151	during 2005 by these
Total Discharges 527			volunteers: 5,212

Horizon Home Care and Hospice
8949 North Deerbrook Trail
Brown Deer WI 53223

License Number: 525
County: Milwaukee
(414) 365-8300

Page 27

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 57
Unduplicated Patient Count for 2005: 579
Average Daily Census: 59
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	48.0%	Medicare	87.7%
20 to 54	7.6	(cancer)	57.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	11.6	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	18.8	disease	14.3	Hospital	47.5	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	9.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	23.5	Renal failure/		Nursing home	3.5	Private Insurance	12.3
95 & over	5.2	kidney disease	4.5	Assisted living:		Self Pay	0.0
Total Patients	579	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.8	apt. complex	0.0	Caseload	57
Male	48.9%	AIDS	0.2	Adult family home	0.2		
Female	51.1	ALS	1.7	Community-based			
Total Patients	579	Other	9.0	res. facility	0.9		
		Total Patients	579	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	533			Total Patients	579	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	533	Medicare	78.2%			Registered Nurses	9.6
		Medicaid	3.8	PATIENT DAYS BY		Lic. Prac. Nurses	2.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	2.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	93.6%	Physical Therapists	0.0
appropriate	3.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	17.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.2	symptom mgmt	5.8	Pathologists	0.0
another hospice	4.5	Other	0.0	Respite care	0.5	Bereavement Counselors	0.1
Revocation of		Total Admissions	533	Total Patient Days	21,705	Social Workers	3.0
hospice benefit	4.7					Dietary	0.0
Other	0.0					Chaplain	2.0
Deaths	87.1	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	1.0
Total Discharges	533	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	1.0
		Private residence	59.5%	Private residence	87.7%	Other	0.0
		Nursing home	3.2	Nursing home	3.5	Total FTEs	21.8
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	37.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	18.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	17.6	Community-based		Community-based		patients of the	
30 - 59 days	10.9	res. facility	1.1	res. facility	0.0	hospice in 2005:	86
60 - 89 days	7.3	Inpatient facility	36.2	Inpatient facility	8.8		
90 - 179 days	5.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.3	Total Deaths	464	Caseload	57	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	533					volunteers:	1,057

Aurora VNA of Wisconsin
11333 West National Avenue
Milwaukee WI 53227

License Number: 1528
County: Milwaukee
(920) 458-4314

Page 28

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 158
Unduplicated Patient Count for 2005: 1,185
Average Daily Census: 113
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	2.3%	Malignant neoplasm	50.2%	Physician	37.2%	Medicare	78.5%
20 to 54	9.1	(cancer)		Self-referral	0.1	Medicaid	10.8
55 to 64	10.6	Cardiovascular		Patient's family	0.3	Medicare/Medicaid	0.0
65 to 74	17.5	disease	16.6	Hospital	46.7	Managed Care/HMO	2.5
75 to 84	30.4	Pulmonary disease	5.7	Home health agency	8.0	PACE/Partnership	0.0
85 to 94	25.7	Renal failure/		Nursing home	4.4	Private Insurance	8.2
95 & over	4.5	kidney disease	3.4	Assisted living:		Self Pay	0.0
Total Patients	1,185	Diabetes	0.1	Residential care		Other	0.0
		Alzheimer's disease	3.7	apt. complex	0.0	Caseload	158
Male	45.8%	AIDS	0.1	Adult family home	0.0		
Female	54.2	ALS	0.3	Community-based			
Total Patients	1,185	Other	19.8	res. facility	0.0		
		Total Patients	1,185	Other	3.3		
TOTAL ADMISSIONS	1,146			Total Patients	1,185		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	1,116	Medicare	78.1%			Administrators	7.0
		Medicaid	5.8			Physicians	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	33.8
Hospice care not		Managed Care/HMO	2.1	LEVEL OF CARE		Lic. Prac. Nurses	2.7
appropriate	16.1%	PACE/Partnership	0.0	Routine home care	95.1%	Hospice Aides	17.0
Transferred:		Private Insurance	12.9	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	1.1	Inpatient care: acute		Occupational Therapists	0.0
another hospice	4.1	Other	0.0	symptom mgmt	4.6	Speech/Language	
Revocation of		Total Admissions	1,146	Respite care	0.3	Pathologists	0.0
hospice benefit	3.1			Total Patient Days	41,241	Bereavement Counselors	1.0
Other	0.0					Social Workers	6.6
Deaths	76.6	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	3.5
Total Discharges	1,116	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	4.0
		Private residence	53.0%	Private residence	85.4%	Clerical/Office Support	11.1
		Nursing home	4.6	Nursing home	3.8	Volunteer Coordinator	2.5
		Hospice res. fac.	25.1	Hospice res. fac.	9.5	Other	4.0
		Assisted living:		Assisted living:		Total FTEs	94.2
		Residential care		Residential care			
DISCHARGES BY		apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
LENGTH OF STAY		Adult family home	0.0	Adult family home	0.0	Volunteers who served	
1 - 7 days	37.8%	Community-based		Community-based		patients of the	
8 - 14 days	15.8	res. facility	5.0	res. facility	0.0	hospice in 2005:	
15 - 29 days	16.2	Inpatient facility	11.2	Inpatient facility	1.3	294	
30 - 59 days	12.8	Other site	1.1	Other site	0.0	Total hours of	
60 - 89 days	5.0	Total Deaths	855	Caseload	158	service provided	
90 - 179 days	8.0					during 2005 by these	
180 days - 1 year	3.7					volunteers:	
1 year or more	0.7					11,539	
Total Discharges	1,116						

Columbia St. Mary's Hospice
 2025 East Newport Avenue
 Milwaukee WI 53211

License Number: 521
 County: Milwaukee
 (414) 961-8080

Page 29

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 0
 Unduplicated Patient Count for 2005: 429
 Average Daily Census: 7
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%	Medicare	0.0%
20 to 54	11.2	(cancer)	51.5%	Self-referral	1.4	Medicaid	0.0
55 to 64	10.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	22.4	disease	14.7	Hospital	34.7	Managed Care/HMO	0.0
75 to 84	32.9	Pulmonary disease	1.9	Home health agency	38.7	PACE/Partnership	0.0
85 to 94	20.7	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	2.3	kidney disease	1.6	Assisted living:		Self Pay	0.0
Total Patients	429	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	0
Male	41.0%	AIDS	0.2	Adult family home	0.0		
Female	59.0	ALS	0.0	Community-based			
Total Patients	429	Other	30.1	res. facility	0.0	STAFFING	FTEs*
		Total Patients	429	Other	25.2	Administrators	1.0
TOTAL ADMISSIONS	429			Total Patients	429	Physicians	1.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	12.0
TOTAL DISCHARGES	429	Medicare	20.0%			Lic. Prac. Nurses	0.0
		Medicaid	1.2	PATIENT DAYS BY		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	69.5	Routine home care	0.0%	Occupational Therapists	0.0
appropriate	0.7%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	8.4	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.9	symptom mgmt	91.6	Bereavement Counselors	0.2
another hospice	24.5	Other	0.0	Respite care	8.4	Social Workers	0.6
Revocation of		Total Admissions	429	Total Patient Days	2,485	Dietary	0.0
hospice benefit	0.0					Chaplain	0.4
Other	2.8	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	1.0
Deaths	72.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.2
Total Discharges	429	Private residence	0.0%	Private residence	0.0%	Other	0.0
		Nursing home	0.0	Nursing home	0.0	Total FTEs	16.4
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	67.6%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	19.6	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	9.3	Community-based		Community-based		hospice in 2005:	12
30 - 59 days	3.5	res. facility	0.0	res. facility	0.0		
60 - 89 days	0.0	Inpatient facility	100.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	0.0	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Total Deaths	309	Caseload	0	during 2005 by these	
1 year or more	0.0					volunteers:	1,522
Total Discharges	429						

Covenant Hospice Palliative Care
 9688 West Appleton Avenue
 Milwaukee WI 53225

License Number: 556
 County: Milwaukee
 (414) 535-7070

Page 30

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 73
 Unduplicated Patient Count for 2005: 736
 Average Daily Census: 65
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.7%	Malignant neoplasm		Physician	27.3%	Medicare	78.1%
20 to 54	8.0	(cancer)	41.3%	Self-referral	1.0	Medicaid	2.7
55 to 64	8.6	Cardiovascular		Patient's family	4.1	Medicare/Medicaid	1.4
65 to 74	21.7	disease	19.8	Hospital	47.6	Managed Care/HMO	12.3
75 to 84	30.3	Pulmonary disease	10.6	Home health agency	4.1	PACE/Partnership	0.0
85 to 94	25.3	Renal failure/		Nursing home	14.4	Private Insurance	4.1
95 & over	5.4	kidney disease	5.4	Assisted living:		Self Pay	1.4
Total Patients	736	Diabetes	0.3	Residential care		Other	0.0
		Alzheimer's disease	6.9	apt. complex	0.4	Caseload	73
Male	43.3%	AIDS	0.3	Adult family home	0.3		
Female	56.7	ALS	1.0	Community-based			
Total Patients	736	Other	14.4	res. facility	1.0	STAFFING	FTEs*
		Total Patients	736	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	692			Total Patients	736	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	14.3
TOTAL DISCHARGES	684	Medicare	82.2%	PATIENT DAYS BY		Lic. Prac. Nurses	0.9
		Medicaid	3.0	LEVEL OF CARE		Hospice Aides	5.9
REASON FOR DISCHARGE		Medicare/Medicaid	2.0	Routine home care	94.5%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	9.5	Continuous care	0.3	Occupational Therapists	0.0
appropriate	2.3%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	2.9	symptom mgmt	5.0	Pathologists	0.0
care provided by		Self Pay	0.3	Respite care	0.2	Bereavement Counselors	0.5
another hospice	4.2	Other	0.0	Total Patient Days	23,704	Social Workers	4.0
Revocation of		Total Admissions	692			Dietary	0.0
hospice benefit	5.1			CASELOAD ON 12/31/05		Chaplain	1.4
Other	0.9	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Deaths	87.4	OF OCCURRENCE		Private residence	74.0%	Volunteer Coordinator	1.0
Total Discharges	684	Private residence	37.1%	Nursing home	26.0	Other	1.0
		Nursing home	27.3	Hospice res. fac.	0.0	Total FTEs	32.0
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	40.2%	Residential care		apt. complex	0.0		
8 - 14 days	17.0	apt. complex	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	11.4	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	12.3	Community-based		res. facility	0.0	hospice in 2005:	30
60 - 89 days	5.0	res. facility	2.0	Inpatient facility	0.0		
90 - 179 days	7.6	Inpatient facility	33.6	Other site	0.0	Total hours of	
180 days - 1 year	5.0	Other site	0.0	Caseload	73	service provided	
1 year or more	1.6	Total Deaths	598			during 2005 by these	
Total Discharges	684					volunteers:	1,395

Ruth Hospice
8526 West Mill Road
Milwaukee WI 53225

License Number: 2002
County: Milwaukee
(414) 607-4100

Page 31

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 16
Unduplicated Patient Count for 2005: 665
Average Daily Census: 21
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.8%	Medicare	87.5%
20 to 54	1.8	(cancer)	47.8%	Self-referral	0.8	Medicaid	0.0
55 to 64	6.3	Cardiovascular		Patient's family	4.1	Medicare/Medicaid	0.0
65 to 74	15.3	disease	14.0	Hospital	65.9	Managed Care/HMO	0.0
75 to 84	40.9	Pulmonary disease	4.1	Home health agency	0.0	PACE/Partnership	6.3
85 to 94	31.9	Renal failure/		Nursing home	7.8	Private Insurance	0.0
95 & over	3.8	kidney disease	3.6	Assisted living:		Self Pay	0.0
Total Patients	665	Diabetes	0.0	Residential care		Other	6.3
		Alzheimer's disease	6.2	apt. complex	0.0	Caseload	16
Male	41.5%	AIDS	0.0	Adult family home	0.0		
Female	58.5	ALS	0.2	Community-based			
Total Patients	665	Other	24.2	res. facility	0.0		
		Total Patients	665	Other	20.8		
TOTAL ADMISSIONS	668			Total Patients	665		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	671	Medicare	85.0%			Administrators	1.0
		Medicaid	1.2			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	11.6
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	1.2
appropriate	0.3%	PACE/Partnership	0.9	Routine home care	83.6%	Hospice Aides	12.2
Transferred:		Private Insurance	3.7	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.4	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.3	Other	8.7	symptom mgmt	14.6	Speech/Language	
Revocation of		Total Admissions	668	Respite care	1.7	Pathologists	0.0
hospice benefit	0.1			Total Patient Days	7,681	Bereavement Counselors	0.6
Other	5.5					Social Workers	1.0
Deaths	93.7	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	1.0
Total Discharges	671	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	1.0
		Private residence	0.0%	Private residence	0.0%	Clerical/Office Support	1.1
		Nursing home	0.0	Nursing home	0.0	Volunteer Coordinator	0.1
		Hospice res. fac.	100.0	Hospice res. fac.	100.0	Other	0.0
DISCHARGES BY		Assisted living:		Assisted living:		Total FTEs	30.8
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	64.5%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	20.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	8.3	Community-based		Community-based		patients of the	
30 - 59 days	3.9	res. facility	0.0	res. facility	0.0	hospice in 2005:	
60 - 89 days	1.0	Inpatient facility	0.0	Inpatient facility	0.0	48	
90 - 179 days	1.2	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	0.4	Total Deaths	629	Caseload	16	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	671					volunteers:	
						4,371	

Seasons Hospice & Palliative Care of WI
4650 North Port Washington Road
Milwaukee WI 53212

License Number: 2008
County: Milwaukee
(414) 203-8310

Page 32

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	74
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	354
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	63
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 38.1%	Physician 15.8%	Medicare 94.6%
20 to 54 5.1	(cancer)	Self-referral 0.0	Medicaid 1.4
55 to 64 5.9	Cardiovascular	Patient's family 14.4	Medicare/Medicaid 0.0
65 to 74 15.8	disease 12.4	Hospital 18.1	Managed Care/HMO 1.4
75 to 84 33.1	Pulmonary disease 5.4	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 33.3	Renal failure/	Nursing home 45.2	Private Insurance 1.4
95 & over 6.8	kidney disease 2.0	Assisted living:	Self Pay 0.0
Total Patients 354	Diabetes 0.0	Residential care	Other 1.4
	Alzheimer's disease 22.0	apt. complex 2.0	Caseload 74
Male 37.9%	AIDS 0.0	Adult family home 0.0	
Female 62.1	ALS 0.0	Community-based	
Total Patients 354	Other 20.1	res. facility 1.4	
	Total Patients 354	Other 3.1	
TOTAL ADMISSIONS 312		Total Patients 354	
TOTAL DISCHARGES 291	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
	Medicare 90.1%		Administrators 1.0
	Medicaid 2.6		Physicians 1.0
	Medicare/Medicaid 0.0		Registered Nurses 10.5
	Managed Care/HMO 0.0		Lic. Prac. Nurses 0.3
REASON FOR DISCHARGE	PACE/Partnership 0.0	PATIENT DAYS BY	Hospice Aides 5.0
Hospice care not appropriate 8.2%	Private Insurance 7.4	LEVEL OF CARE	Physical Therapists 0.0
Transferred:	Self Pay 0.0	Routine home care 98.3%	Occupational Therapists 0.0
care provided by	Other 0.0	Continuous care 0.1	Speech/Language
another hospice 3.4	Total Admissions 312	Inpatient care: acute	Pathologists 0.0
Revocation of hospice benefit 1.7		symptom mgmt 1.3	Bereavement Counselors 1.0
Other 3.4		Respite care 0.3	Social Workers 1.1
Deaths 83.2	DEATHS BY SITE	Total Patient Days 22,931	Dietary 0.0
Total Discharges 291	OF OCCURRENCE		Chaplain 1.0
	Private residence 42.1%	CASELOAD ON 12/31/05	Clerical/Office Support 3.0
	Nursing home 48.3	BY LIVING ARRANGEMENTS	Volunteer Coordinator 1.0
	Hospice res. fac. 0.0	Private residence 31.1%	Other 1.0
	Assisted living:	Nursing home 63.5	Total FTEs 25.9
	Residential care	Hospice res. fac. 0.0	
	apt. complex 0.0	Assisted living:	* Full-time equivalents
	Adult family home 0.0	Residential care	
	Community-based	apt. complex 4.1	Volunteers who served
	res. facility 0.0	Adult family home 0.0	patients of the
	Inpatient facility 9.5	Community-based	hospice in 2005: 27
	Other site 0.0	res. facility 1.4	
	Total Deaths 242	Inpatient facility 0.0	Total hours of
		Other site 0.0	service provided
		Caseload 74	during 2005 by these
			volunteers: 976

Vitas Healthcare Corporation Midwest
2675 North Mayfair Road, Suite 480
Wauwatosa WI 53226

License Number: 547
County: Milwaukee
(414) 257-2600

Page 33

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	287
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	1,482
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	260
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	20.3%	Medicare	73.5%
20 to 54	5.5	(cancer)	46.2%	Self-referral	0.2	Medicaid	1.4
55 to 64	7.0	Cardiovascular		Patient's family	10.3	Medicare/Medicaid	20.6
65 to 74	15.1	disease	26.3	Hospital	28.9	Managed Care/HMO	0.0
75 to 84	30.0	Pulmonary disease	8.3	Home health agency	0.7	PACE/Partnership	0.0
85 to 94	32.3	Renal failure/		Nursing home	33.6	Private Insurance	4.2
95 & over	10.1	kidney disease	3.7	Assisted living:		Self Pay	0.0
Total Patients	1,482	Diabetes	0.0	Residential care		Other	0.3
		Alzheimer's disease	13.0	apt. complex	1.6	Caseload	287
Male	38.1%	AIDS	0.1	Adult family home	0.0		
Female	61.9	ALS	0.0	Community-based			
Total Patients	1,482	Other	2.4	res. facility	4.4		
		Total Patients	1,482	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	1,322			Total Patients	1,482	Administrators	2.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.5
TOTAL DISCHARGES	1,266	Medicare	89.6%			Registered Nurses	35.8
		Medicaid	2.9	PATIENT DAYS BY		Lic. Prac. Nurses	17.2
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	22.8
Hospice care not		Managed Care/HMO	0.0	Routine home care	95.4%	Physical Therapists	0.0
appropriate	1.7%	PACE/Partnership	0.0	Continuous care	2.2	Occupational Therapists	0.0
Transferred:		Private Insurance	6.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.2	symptom mgmt	2.4	Pathologists	0.0
another hospice	2.4	Other	0.5	Respite care	0.1	Bereavement Counselors	0.5
Revocation of		Total Admissions	1,322	Total Patient Days	94,880	Social Workers	4.4
hospice benefit	5.5					Dietary	0.0
Other	0.9	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	5.0
Deaths	89.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	10.9
Total Discharges	1,266	Private residence	34.8%	Private residence	32.8%	Volunteer Coordinator	0.5
		Nursing home	34.1	Nursing home	42.2	Other	7.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	106.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.6%	apt. complex	0.5	apt. complex	2.8		
8 - 14 days	17.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	16.2	Community-based		Community-based		patients of the	
30 - 59 days	12.1	res. facility	8.7	res. facility	17.8	hospice in 2005:	64
60 - 89 days	5.5	Inpatient facility	21.9	Inpatient facility	4.5		
90 - 179 days	8.6	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	6.3	Total Deaths	1,132	Caseload	287	service provided	
1 year or more	4.6					during 2005 by these	
Total Discharges	1,266					volunteers:	3,918

Aseracare Hospice

6737 West Washington Street, #3200
West Allis WI 53214

License Number: 549
County: Milwaukee
(414) 607-1782

Page 34

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	96
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	482
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	104
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 18.0%	Physician 5.0%	Medicare 50.0%
20 to 54 1.2	(cancer)	Self-referral 0.0	Medicaid 1.0
55 to 64 4.8	Cardiovascular	Patient's family 7.3	Medicare/Medicaid 49.0
65 to 74 10.4	disease 16.6	Hospital 5.0	Managed Care/HMO 0.0
75 to 84 35.5	Pulmonary disease 9.3	Home health agency 3.1	PACE/Partnership 0.0
85 to 94 38.4	Renal failure/	Nursing home 58.7	Private Insurance 0.0
95 & over 9.8	kidney disease 5.8	Assisted living:	Self Pay 0.0
Total Patients 482	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 19.7	apt. complex 1.0	Caseload 96
Male 35.1%	AIDS 0.0	Adult family home 0.0	
Female 64.9	ALS 0.2	Community-based	
Total Patients 482	Other 30.3	res. facility 18.9	
	Total Patients 482	Other 1.0	
TOTAL ADMISSIONS 394		Total Patients 482	
TOTAL DISCHARGES 398	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
	Medicare 41.4%		Administrators 3.0
	Medicaid 1.8		Physicians 0.0
	Medicare/Medicaid 55.1		Registered Nurses 10.9
REASON FOR DISCHARGE	Managed Care/HMO 0.0	PATIENT DAYS BY LEVEL OF CARE	Lic. Prac. Nurses 0.0
Hospice care not appropriate 9.5%	PACE/Partnership 0.0	Routine home care 99.8%	Hospice Aides 8.2
Transferred:	Private Insurance 1.5	Continuous care 0.0	Physical Therapists 0.0
care provided by	Self Pay 0.0	Inpatient care: acute symptom mgmt 0.0	Occupational Therapists 0.0
another hospice 1.0	Other 0.3	Respite care 0.1	Speech/Language Pathologists 0.0
Revocation of hospice benefit 7.3	Total Admissions 394	Total Patient Days 37,902	Bereavement Counselors 0.5
Other 0.0			Social Workers 3.3
Deaths 82.2	DEATHS BY SITE OF OCCURRENCE	CASELOAD ON 12/31/05 BY LIVING ARRANGEMENTS	Dietary 0.1
Total Discharges 398	Private residence 15.6%	Private residence 11.5%	Chaplain 2.0
	Nursing home 62.1	Nursing home 63.5	Clerical/Office Support 3.5
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Volunteer Coordinator 1.0
	Assisted living:	Assisted living:	Other 2.0
	Residential care	Residential care	Total FTEs 34.4
1 - 7 days 22.4%	apt. complex 0.0	apt. complex 0.0	
8 - 14 days 13.6	Adult family home 0.0	Adult family home 0.0	
15 - 29 days 13.3	Community-based	Community-based	
30 - 59 days 14.6	res. facility 22.3	res. facility 25.0	
60 - 89 days 7.0	Inpatient facility 0.0	Inpatient facility 0.0	
90 - 179 days 12.6	Other site 0.0	Other site 0.0	
180 days - 1 year 12.3	Total Deaths 327	Caseload 96	
1 year or more 4.3			
Total Discharges 398			

* Full-time equivalents

Volunteers who served
patients of the
hospice in 2005: 33

Total hours of
service provided
during 2005 by these
volunteers: 2,680

Odyssey Healthcare of Milwaukee
 10150 West National Avenue, Suite 200
 West Allis WI 53227

License Number: 553
 County: Milwaukee
 (414) 546-3200

Page 35

Ownership of Hospice:	Proprietary Partnership	December 31, 2005 Caseload:	146
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	581
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	131
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	3.3%	Medicare	99.3%
20 to 54	0.5	(cancer)	10.2%	Self-referral	0.0	Medicaid	0.7
55 to 64	2.1	Cardiovascular		Patient's family	3.6	Medicare/Medicaid	0.0
65 to 74	5.5	disease	12.7	Hospital	4.8	Managed Care/HMO	0.0
75 to 84	18.6	Pulmonary disease	4.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	44.8	Renal failure/		Nursing home	72.1	Private Insurance	0.0
95 & over	28.6	kidney disease	2.6	Assisted living:		Self Pay	0.0
Total Patients	581	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	34.8	apt. complex	9.0	Caseload	146
Male	28.6%	AIDS	0.0	Adult family home	0.0		
Female	71.4	ALS	0.0	Community-based			
Total Patients	581	Other	35.3	res. facility	0.0		
		Total Patients	581	Other	7.2	STAFFING	FTEs*
TOTAL ADMISSIONS	454			Total Patients	581	Administrators	6.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	435	Medicare	97.4%			Registered Nurses	15.1
		Medicaid	1.1	PATIENT DAYS BY		Lic. Prac. Nurses	9.5
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	18.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.4%	Physical Therapists	0.0
appropriate	6.9%	PACE/Partnership	0.0	Continuous care	1.5	Occupational Therapists	0.0
Transferred:		Private Insurance	1.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.2	symptom mgmt	0.1	Pathologists	0.0
another hospice	1.8	Other	0.0	Respite care	0.0	Bereavement Counselors	1.0
Revocation of		Total Admissions	454	Total Patient Days	47,662	Social Workers	4.1
hospice benefit	6.4					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	3.2
Deaths	84.8	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	6.6
Total Discharges	435	Private residence	90.5%	Private residence	8.2%	Volunteer Coordinator	1.0
		Nursing home	7.9	Nursing home	76.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	64.7
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	12.4	Community-based		Community-based		patients of the	
30 - 59 days	17.7	res. facility	0.0	res. facility	15.8	hospice in 2005:	76
60 - 89 days	8.0	Inpatient facility	1.6	Inpatient facility	0.0		
90 - 179 days	12.9	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	11.3	Total Deaths	369	Caseload	146	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	435					volunteers:	1,352

Hospice Touch
300 Butts Avenue
Tomah WI 54660

License Number: 531
County: Monroe
(608) 374-0250

Page 36

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 25
Unduplicated Patient Count for 2005: 171
Average Daily Census: 26
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	48.5%	Medicare	88.0%
20 to 54	5.3	(cancer)	63.7%	Self-referral	0.6	Medicaid	0.0
55 to 64	13.5	Cardiovascular		Patient's family	16.4	Medicare/Medicaid	0.0
65 to 74	22.8	disease	13.5	Hospital	29.8	Managed Care/HMO	0.0
75 to 84	37.4	Pulmonary disease	5.8	Home health agency	0.6	PACE/Partnership	0.0
85 to 94	17.5	Renal failure/		Nursing home	0.0	Private Insurance	8.0
95 & over	2.9	kidney disease	4.7	Assisted living:		Self Pay	0.0
Total Patients	171	Diabetes	0.0	Residential care		Other	4.0
		Alzheimer's disease	1.2	apt. complex	0.0	Caseload	25
Male	56.1%	AIDS	0.6	Adult family home	0.0		
Female	43.9	ALS	0.0	Community-based			
Total Patients	171	Other	10.5	res. facility	0.6		
		Total Patients	171	Other	3.5	STAFFING	FTEs*
TOTAL ADMISSIONS	159			Total Patients	171	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	150	Medicare	82.4%			Registered Nurses	5.3
		Medicaid	2.5	PATIENT DAYS BY		Lic. Prac. Nurses	1.5
REASON FOR DISCHARGE		Medicare/Medicaid	0.6	LEVEL OF CARE		Hospice Aides	7.6
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.3%	Physical Therapists	0.0
appropriate	0.7%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.6	symptom mgmt	1.5	Pathologists	0.0
another hospice	0.7	Other	3.1	Respite care	0.2	Bereavement Counselors	0.0
Revocation of		Total Admissions	159	Total Patient Days	9,505	Social Workers	0.9
hospice benefit	9.3					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.1
Deaths	89.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	150	Private residence	70.9%	Private residence	80.0%	Volunteer Coordinator	0.8
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	16.4	Hospice res. fac.	12.0	Total FTEs	18.3
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	18.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	20.0	Community-based		Community-based		patients of the	
30 - 59 days	17.3	res. facility	5.2	res. facility	8.0	hospice in 2005:	63
60 - 89 days	4.0	Inpatient facility	7.5	Inpatient facility	0.0		
90 - 179 days	8.7	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	3.3	Total Deaths	134	Caseload	25	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	150					volunteers:	1,869

Dr. Kate Hospice
1571 Highway 51 North, Suite C
Woodruff WI 54568

License Number: 1509
County: Oneida
(715) 356-8805

Page 37

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	37
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	287
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	44
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	32.1%	Medicare	97.3%
20 to 54	5.2	(cancer)	55.1%	Self-referral	1.0	Medicaid	0.0
55 to 64	8.7	Cardiovascular		Patient's family	4.9	Medicare/Medicaid	0.0
65 to 74	19.5	disease	12.9	Hospital	44.6	Managed Care/HMO	0.0
75 to 84	35.9	Pulmonary disease	8.7	Home health agency	5.9	PACE/Partnership	0.0
85 to 94	25.1	Renal failure/		Nursing home	8.0	Private Insurance	2.7
95 & over	5.6	kidney disease	5.6	Assisted living:		Self Pay	0.0
Total Patients	287	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.8	apt. complex	0.0	Caseload	37
Male	53.7%	AIDS	0.0	Adult family home	0.0		
Female	46.3	ALS	0.0	Community-based			
Total Patients	287	Other	15.0	res. facility	0.3		
		Total Patients	287	Other	3.1	STAFFING	FTEs*
TOTAL ADMISSIONS	291			Total Patients	287	Administrators	2.6
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	294	Medicare	87.3%			Registered Nurses	7.0
		Medicaid	5.5	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	9.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.9%	Physical Therapists	0.0
appropriate	7.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	6.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.8	Pathologists	0.0
another hospice	0.3	Other	0.3	Respite care	0.4	Bereavement Counselors	1.0
Revocation of		Total Admissions	291	Total Patient Days	16,227	Social Workers	3.0
hospice benefit	2.7					Dietary	0.1
Other	0.7	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	1.0
Deaths	88.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Total Discharges	294	Private residence	58.1%	Private residence	51.4%	Volunteer Coordinator	1.1
		Nursing home	9.6	Nursing home	21.6	Other	0.0
		Hospice res. fac.	19.2	Hospice res. fac.	18.9	Total FTEs	26.8
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.3%	apt. complex	3.5	apt. complex	2.7		
8 - 14 days	19.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	15.0	Community-based		Community-based		patients of the	
30 - 59 days	14.6	res. facility	0.0	res. facility	5.4	hospice in 2005:	130
60 - 89 days	7.1	Inpatient facility	9.6	Inpatient facility	0.0		
90 - 179 days	6.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	4.8	Total Deaths	260	Caseload	37	service provided	
1 year or more	3.4					during 2005 by these	
Total Discharges	294					volunteers:	8,175

Ministry Home Care & Hospice Stevens Point
 2501 Main Street, Suite A
 Stevens Point WI 54481

License Number: 503
 County: Portage
 (715) 346-5355

Page 38

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	26
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	183
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	32
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 46.4%	Physician 40.4%	Medicare 92.3%
20 to 54 6.6	(cancer)	Self-referral 1.6	Medicaid 0.0
55 to 64 7.7	Cardiovascular	Patient's family 13.1	Medicare/Medicaid 0.0
65 to 74 12.0	disease 16.4	Hospital 24.6	Managed Care/HMO 0.0
75 to 84 30.1	Pulmonary disease 6.0	Home health agency 1.6	PACE/Partnership 0.0
85 to 94 32.8	Renal failure/	Nursing home 8.2	Private Insurance 7.7
95 & over 10.9	kidney disease 1.6	Assisted living:	Self Pay 0.0
Total Patients 183	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 12.6	apt. complex 0.0	Caseload 26
Male 41.0%	AIDS 1.1	Adult family home 0.0	
Female 59.0	ALS 1.1	Community-based	
Total Patients 183	Other 14.8	res. facility 7.1	
	Total Patients 183	Other 3.3	STAFFING FTEs*
TOTAL ADMISSIONS 158		Total Patients 183	Administrators 1.0
	ADMISSIONS BY PAY SOURCE		Physicians 0.0
TOTAL DISCHARGES 159	Medicare 84.8%		Registered Nurses 4.4
	Medicaid 1.9	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	LEVEL OF CARE	Hospice Aides 2.0
Hospice care not appropriate 8.2%	Managed Care/HMO 1.9	Routine home care 98.7%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.2	Occupational Therapists 0.0
care provided by	Private Insurance 8.2	Inpatient care: acute	Speech/Language
another hospice 0.6	Self Pay 0.0	symptom mgmt 0.8	Pathologists 0.0
Revocation of hospice benefit 1.3	Other 3.2	Respite care 0.4	Bereavement Counselors 1.0
Other 1.9	Total Admissions 158	Total Patient Days 11,641	Social Workers 2.6
Deaths 88.1			Dietary 0.0
Total Discharges 159	DEATHS BY SITE	CASELOAD ON 12/31/05	Chaplain 1.0
	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 2.0
	Private residence 64.3%	Private residence 53.8%	Volunteer Coordinator 1.0
	Nursing home 12.1	Nursing home 15.4	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 15.0
DISCHARGES BY LENGTH OF STAY	Assisted living:	Assisted living:	* Full-time equivalents
1 - 7 days 31.4%	Residential care	Residential care	
8 - 14 days 11.3	apt. complex 0.0	apt. complex 0.0	Volunteers who served
15 - 29 days 15.7	Adult family home 0.0	Adult family home 0.0	patients of the
30 - 59 days 12.6	Community-based	Community-based	hospice in 2005: 68
60 - 89 days 4.4	res. facility 11.4	res. facility 30.8	
90 - 179 days 13.2	Inpatient facility 11.4	Inpatient facility 0.0	Total hours of
180 days - 1 year 5.7	Other site 0.7	Other site 0.0	service provided
1 year or more 5.7	Total Deaths 140	Caseload 26	during 2005 by these
Total Discharges 159			volunteers: 1,867

Flambeau Home Health and Hospice
 133 North Lake Avenue
 Phillips WI 54555

License Number: 552
 County: Price
 (715) 339-4371

Page 39

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 15
 Unduplicated Patient Count for 2005: 73
 Average Daily Census: 8
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	16.4%	Medicare	66.7%
20 to 54	9.6	(cancer)	58.9%	Self-referral	1.4	Medicaid	6.7
55 to 64	6.8	Cardiovascular		Patient's family	9.6	Medicare/Medicaid	26.7
65 to 74	15.1	disease	19.2	Hospital	43.8	Managed Care/HMO	0.0
75 to 84	31.5	Pulmonary disease	8.2	Home health agency	4.1	PACE/Partnership	0.0
85 to 94	32.9	Renal failure/		Nursing home	23.3	Private Insurance	0.0
95 & over	4.1	kidney disease	4.1	Assisted living:		Self Pay	0.0
Total Patients	73	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	15
Male	53.4%	AIDS	0.0	Adult family home	0.0		
Female	46.6	ALS	0.0	Community-based			
Total Patients	73	Other	9.6	res. facility	1.4		
		Total Patients	73	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	69			Total Patients	73	Administrators	0.5
		ADMISSIONS BY PAY SOURCE				Physicians	0.1
TOTAL DISCHARGES	61	Medicare	65.2%			Registered Nurses	2.8
		Medicaid	5.8	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	20.3	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.1%	Physical Therapists	0.0
appropriate	3.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	3.4	Pathologists	0.0
another hospice	1.6	Other	0.0	Respite care	0.5	Bereavement Counselors	0.8
Revocation of		Total Admissions	69	Total Patient Days	2,907	Social Workers	1.9
hospice benefit	1.6					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.6
Deaths	93.4	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.6
Total Discharges	61	Private residence	52.6%	Private residence	53.3%	Volunteer Coordinator	0.5
		Nursing home	31.6	Nursing home	40.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	8.3
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	36.1%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	18.0	Community-based		Community-based		patients of the	
30 - 59 days	14.8	res. facility	0.0	res. facility	6.7	hospice in 2005:	28
60 - 89 days	4.9	Inpatient facility	15.8	Inpatient facility	0.0		
90 - 179 days	9.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	3.3	Total Deaths	57	Caseload	15	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	61					volunteers:	1,333

Beloit Regional Hospice
655 Third Street, Suite 200
Beloit WI 53511

License Number: 1525
County: Rock
(608) 363-7421

Page 40

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 57
Unduplicated Patient Count for 2005: 255
Average Daily Census: 41
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	29.4%	Medicare	91.2%
20 to 54	8.6	(cancer)	38.4%	Self-referral	2.7	Medicaid	3.5
55 to 64	9.8	Cardiovascular		Patient's family	24.7	Medicare/Medicaid	0.0
65 to 74	15.7	disease	10.6	Hospital	23.5	Managed Care/HMO	0.0
75 to 84	29.4	Pulmonary disease	13.3	Home health agency	2.0	PACE/Partnership	0.0
85 to 94	30.2	Renal failure/		Nursing home	7.5	Private Insurance	5.3
95 & over	5.9	kidney disease	3.5	Assisted living:		Self Pay	0.0
Total Patients	255	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	14.9	apt. complex	0.0	Caseload	57
Male	35.7%	AIDS	0.0	Adult family home	0.4		
Female	64.3	ALS	0.0	Community-based			
Total Patients	255	Other	19.2	res. facility	9.4		
		Total Patients	255	Other	0.4	STAFFING	FTEs*
TOTAL ADMISSIONS	228			Total Patients	255	Administrators	3.8
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	206	Medicare	83.8%			Registered Nurses	7.6
		Medicaid	5.3	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	3.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.6%	Physical Therapists	0.0
appropriate	4.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	2.6	symptom mgmt	0.3	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.1	Bereavement Counselors	1.2
Revocation of		Total Admissions	228	Total Patient Days	15,092	Social Workers	3.9
hospice benefit	5.8					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	89.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	6.0
Total Discharges	206	Private residence	62.5%	Private residence	59.6%	Volunteer Coordinator	1.0
		Nursing home	20.1	Nursing home	21.1	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	26.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.1	Adult family home	0.0	Adult family home	1.8	Volunteers who served	
15 - 29 days	18.0	Community-based		Community-based		patients of the	
30 - 59 days	18.9	res. facility	16.8	res. facility	17.5	hospice in 2005:	86
60 - 89 days	6.3	Inpatient facility	0.5	Inpatient facility	0.0		
90 - 179 days	5.3	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	8.3	Total Deaths	184	Caseload	57	service provided	
1 year or more	5.3					during 2005 by these	
Total Discharges	206					volunteers:	3,864

Mercy Assisted Care
 901 Mineral Point Avenue
 Janesville WI 53545

License Number: 544
 County: Rock
 (608) 754-2201

Page 41

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 12
 Unduplicated Patient Count for 2005: 110
 Average Daily Census: 14
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	34.5%	Medicare	83.3%
20 to 54	6.4	(cancer)	60.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	10.9	Cardiovascular		Patient's family	8.2	Medicare/Medicaid	0.0
65 to 74	20.9	disease	10.0	Hospital	34.5	Managed Care/HMO	8.3
75 to 84	30.9	Pulmonary disease	6.4	Home health agency	17.3	PACE/Partnership	0.0
85 to 94	27.3	Renal failure/		Nursing home	1.8	Private Insurance	8.3
95 & over	3.6	kidney disease	3.6	Assisted living:		Self Pay	0.0
Total Patients	110	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.7	apt. complex	0.0	Caseload	12
Male	50.0%	AIDS	0.0	Adult family home	0.0		
Female	50.0	ALS	0.9	Community-based			
Total Patients	110	Other	16.4	res. facility	0.9		
		Total Patients	110	Other	2.7	STAFFING	FTEs*
TOTAL ADMISSIONS	95			Total Patients	110	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	101	Medicare	81.1%			Registered Nurses	2.2
		Medicaid	1.1	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.1
Hospice care not		Managed Care/HMO	5.3	Routine home care	98.7%	Physical Therapists	0.0
appropriate	4.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.7	Pathologists	0.0
another hospice	1.0	Other	1.1	Respite care	0.6	Bereavement Counselors	0.2
Revocation of		Total Admissions	95	Total Patient Days	5,214	Social Workers	0.5
hospice benefit	2.0					Dietary	0.0
Other	2.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	91.1	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	101	Private residence	50.0%	Private residence	75.0%	Volunteer Coordinator	0.2
		Nursing home	3.3	Nursing home	0.0	Other	0.0
		Hospice res. fac.	23.9	Hospice res. fac.	8.3	Total FTEs	4.2
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	18.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	13.9	Community-based		Community-based		patients of the	
30 - 59 days	6.9	res. facility	9.8	res. facility	16.7	hospice in 2005:	9
60 - 89 days	9.9	Inpatient facility	13.0	Inpatient facility	0.0		
90 - 179 days	15.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	3.0	Total Deaths	92	Caseload	12	service provided	
1 year or more	2.0					during 2005 by these	
Total Discharges	101					volunteers:	1,051

Adoray Hospice
 990 Hillcrest Street, Suite 104
 Baldwin WI 54002

License Number: 1521
 County: St. Croix
 (715) 684-5020

Page 42

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 11
 Unduplicated Patient Count for 2005: 82
 Average Daily Census: 11
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	13.4%	Medicare	81.8%
20 to 54	13.4	(cancer)	64.6%	Self-referral	1.2	Medicaid	0.0
55 to 64	11.0	Cardiovascular		Patient's family	12.2	Medicare/Medicaid	0.0
65 to 74	18.3	disease	8.5	Hospital	40.2	Managed Care/HMO	18.2
75 to 84	29.3	Pulmonary disease	7.3	Home health agency	3.7	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Nursing home	25.6	Private Insurance	0.0
95 & over	2.4	kidney disease	3.7	Assisted living:		Self Pay	0.0
Total Patients	82	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	7.3	apt. complex	0.0	Caseload	11
Male	46.3%	AIDS	0.0	Adult family home	0.0		
Female	53.7	ALS	0.0	Community-based			
Total Patients	82	Other	8.5	res. facility	2.4		
		Total Patients	82	Other	1.2	STAFFING	FTEs*
TOTAL ADMISSIONS	78			Total Patients	82	Administrators	1.8
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	72	Medicare	76.9%			Registered Nurses	1.5
		Medicaid	2.6	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.4
Hospice care not		Managed Care/HMO	19.2	Routine home care	99.5%	Physical Therapists	0.0
appropriate	6.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	0.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	0.0	Other	1.3	Respite care	0.4	Bereavement Counselors	0.5
Revocation of		Total Admissions	78	Total Patient Days	3,977	Social Workers	0.7
hospice benefit	5.6					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.4
Deaths	87.5	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	72	Private residence	52.4%	Private residence	81.8%	Volunteer Coordinator	0.3
		Nursing home	41.3	Nursing home	9.1	Other	0.3
DISCHARGES BY		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	6.7
LENGTH OF STAY		Assisted living:		Assisted living:			
1 - 7 days	27.8%	Residential care		Residential care		* Full-time equivalents	
8 - 14 days	22.2	apt. complex	0.0	apt. complex	0.0		
15 - 29 days	11.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
30 - 59 days	11.1	Community-based		Community-based		patients of the	
60 - 89 days	8.3	res. facility	4.8	res. facility	9.1	hospice in 2005:	48
90 - 179 days	16.7	Inpatient facility	1.6	Inpatient facility	0.0	Total hours of	
180 days - 1 year	2.8	Other site	0.0	Other site	0.0	service provided	
1 year or more	0.0	Total Deaths	63	Caseload	11	during 2005 by these	
Total Discharges	72					volunteers:	1,351

Home Health United Hospice
915 12th Street
Baraboo WI 53913

License Number: 1522
County: Sauk
(608) 356-8860

Page 43

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 53
Unduplicated Patient Count for 2005: 268
Average Daily Census: 36
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	61.9%	Medicare	90.6%
20 to 54	8.6	(cancer)	67.9%	Self-referral	1.1	Medicaid	0.0
55 to 64	11.2	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	19.4	disease	10.8	Hospital	33.6	Managed Care/HMO	0.0
75 to 84	33.2	Pulmonary disease	4.1	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	23.5	Renal failure/		Nursing home	3.0	Private Insurance	9.4
95 & over	4.1	kidney disease	2.2	Assisted living:		Self Pay	0.0
Total Patients	268	Diabetes	0.4	Residential care		Other	0.0
		Alzheimer's disease	10.8	apt. complex	0.0	Caseload	53
Male	53.0%	AIDS	0.0	Adult family home	0.0		
Female	47.0	ALS	0.7	Community-based			
Total Patients	268	Other	3.0	res. facility	0.4		
		Total Patients	268	Other	0.0		
TOTAL ADMISSIONS	243			Total Patients	268		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	224	Medicare	80.2%			Administrators	1.0
		Medicaid	3.3			Physicians	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	2.9
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Routine home care	99.0%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	1.3
care provided by another hospice	3.1	Private Insurance	16.0	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	8.5	Self Pay	0.4	symptom mgmt	0.5	Occupational Therapists	0.0
Other	3.6	Other	0.0	Respite care	0.5	Speech/Language	
Deaths	84.8	Total Admissions	243	Total Patient Days	13,110	Pathologists	0.0
Total Discharges	224					Bereavement Counselors	0.5
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.0
DISCHARGES BY LENGTH OF STAY		Private residence	80.5%	CASELOAD ON 12/31/05 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	25.4%	Nursing home	7.4	Private residence	71.7%	Chaplain	0.5
8 - 14 days	15.6	Hospice res. fac.	1.6	Nursing home	0.0	Clerical/Office Support	0.8
15 - 29 days	20.1	Assisted living:		Hospice res. fac.	1.9	Volunteer Coordinator	0.5
30 - 59 days	13.8	Residential care		Assisted living:		Other	0.0
60 - 89 days	10.3	apt. complex	0.5	Residential care		Total FTEs	7.6
90 - 179 days	9.8	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	3.6	Community-based		Adult family home	0.0		
1 year or more	1.3	res. facility	10.0	Community-based			
Total Discharges	224	Inpatient facility	0.0	res. facility	26.4		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	190	Other site	0.0		
				Caseload	53		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2005:	42
						Total hours of service provided during 2005 by these volunteers:	2,932

Shawano Community Hospice
 309 North Bartlette Street
 Shawano WI 54166

License Number: 510
 County: Shawano
 (715) 524-2169

Page 44

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 14
 Unduplicated Patient Count for 2005: 90
 Average Daily Census: 15
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	83.3%	Medicare	85.7%
20 to 54	3.3	(cancer)	76.7%	Self-referral	1.1	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Patient's family	4.4	Medicare/Medicaid	7.1
65 to 74	28.9	disease	6.7	Hospital	6.7	Managed Care/HMO	0.0
75 to 84	34.4	Pulmonary disease	6.7	Home health agency	3.3	PACE/Partnership	0.0
85 to 94	18.9	Renal failure/		Nursing home	1.1	Private Insurance	0.0
95 & over	2.2	kidney disease	2.2	Assisted living:		Self Pay	7.1
Total Patients	90	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.6	apt. complex	0.0	Caseload	14
Male	65.6%	AIDS	0.0	Adult family home	0.0		
Female	34.4	ALS	0.0	Community-based			
Total Patients	90	Other	2.2	res. facility	0.0		
		Total Patients	90	Other	0.0		
TOTAL ADMISSIONS	72			Total Patients	90		
		ADMISSIONS BY PAY SOURCE				STAFFING	FTEs*
TOTAL DISCHARGES	77	Medicare	87.5%			Administrators	0.8
		Medicaid	1.4			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	4.2	PATIENT DAYS BY		Registered Nurses	1.8
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	2.6%	PACE/Partnership	0.0	Routine home care	99.6%	Hospice Aides	0.6
Transferred:		Private Insurance	6.9	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	2.6	Other	0.0	symptom mgmt	0.4	Speech/Language	
Revocation of		Total Admissions	72	Respite care	0.0	Pathologists	0.0
hospice benefit	6.5			Total Patient Days	5,328	Bereavement Counselors	0.3
Other	0.0					Social Workers	0.6
Deaths	88.3	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	0.0
Total Discharges	77	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	0.5
		Private residence	82.4%	Private residence	85.7%	Clerical/Office Support	0.8
		Nursing home	13.2	Nursing home	7.1	Volunteer Coordinator	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	5.6
		Residential care		Residential care			
DISCHARGES BY		apt. complex	0.0	apt. complex	0.0		
LENGTH OF STAY		Adult family home	0.0	Adult family home	0.0		
1 - 7 days	23.4%	Community-based		Community-based			
8 - 14 days	9.1	res. facility	0.0	res. facility	7.1		
15 - 29 days	14.3	Inpatient facility	4.4	Inpatient facility	0.0		
30 - 59 days	19.5	Other site	0.0	Other site	0.0		
60 - 89 days	16.9	Total Deaths	68	Caseload	14		
90 - 179 days	10.4						
180 days - 1 year	3.9						
1 year or more	2.6						
Total Discharges	77						

* Full-time equivalents

Volunteers who served
 patients of the
 hospice in 2005: 61

Total hours of
 service provided
 during 2005 by these
 volunteers: 1,028

Aurora VNA of Wisconsin
 2314 Kohler Memorial Drive
 Sheboygan WI 53081

License Number: 529
 County: Sheboygan
 (920) 458-4314

Page 45

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 62
 Unduplicated Patient Count for 2005: 404
 Average Daily Census: 45
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	37.1%	Medicare	80.6%
20 to 54	7.4	(cancer)	47.0%	Self-referral	0.0	Medicaid	3.2
55 to 64	9.7	Cardiovascular		Patient's family	2.0	Medicare/Medicaid	0.0
65 to 74	15.1	disease	20.5	Hospital	44.1	Managed Care/HMO	0.0
75 to 84	30.4	Pulmonary disease	4.7	Home health agency	6.9	PACE/Partnership	0.0
85 to 94	30.7	Renal failure/		Nursing home	9.9	Private Insurance	16.1
95 & over	6.2	kidney disease	6.2	Assisted living:		Self Pay	0.0
Total Patients	404	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.0	apt. complex	0.0	Caseload	62
Male	41.6%	AIDS	0.2	Adult family home	0.0		
Female	58.4	ALS	0.0	Community-based			
Total Patients	404	Other	17.3	res. facility	0.0		
		Total Patients	404	Other	0.0		
TOTAL ADMISSIONS	383			Total Patients	404		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	371	Medicare	81.7%			Administrators	1.0
		Medicaid	3.4			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	8.8
Hospice care not		Managed Care/HMO	0.3	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	9.4%	PACE/Partnership	0.0	Routine home care	96.8%	Hospice Aides	3.3
Transferred:		Private Insurance	14.6	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	3.5	Other	0.0	symptom mgmt	2.8	Speech/Language	
Revocation of		Total Admissions	383	Respite care	0.4	Pathologists	0.0
hospice benefit	3.2			Total Patient Days	16,449	Bereavement Counselors	0.4
Other	2.2					Social Workers	2.5
Deaths	81.7	DEATHS BY SITE		CASELOAD ON 12/31/05		Dietary	0.0
Total Discharges	371	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Chaplain	1.0
		Private residence	39.9%	Private residence	88.7%	Clerical/Office Support	3.0
		Nursing home	21.5	Nursing home	11.3	Volunteer Coordinator	0.7
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	20.7
		Residential care		Residential care			
1 - 7 days	41.0%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	17.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	13.7	Community-based		Community-based		patients of the	
30 - 59 days	11.6	res. facility	7.9	res. facility	0.0	hospice in 2005:	
60 - 89 days	4.3	Inpatient facility	30.7	Inpatient facility	0.0	28	
90 - 179 days	5.4	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	5.4	Total Deaths	303	Caseload	62	service provided	
1 year or more	1.6					during 2005 by these	
Total Discharges	371					volunteers:	
						910	

Hospice Advantage
3325 Behrens Parkway
Sheboygan WI 53081

License Number: 2010
County: Sheboygan
(920) 452-1851

Page 46

Ownership of Hospice:	Proprietary Corporation	December 31, 2005 Caseload:	31
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	52
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	17
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	59.6%	Medicare	100.0%
20 to 54	0.0	(cancer)	17.3%	Self-referral	11.5	Medicaid	0.0
55 to 64	3.8	Cardiovascular		Patient's family	25.0	Medicare/Medicaid	0.0
65 to 74	15.4	disease	57.7	Hospital	3.8	Managed Care/HMO	0.0
75 to 84	26.9	Pulmonary disease	3.8	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	48.1	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	5.8	kidney disease	1.9	Assisted living:		Self Pay	0.0
Total Patients	52	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.8	apt. complex	0.0	Caseload	31
Male	55.8%	AIDS	0.0	Adult family home	0.0		
Female	44.2	ALS	0.0	Community-based			
Total Patients	52	Other	13.5	res. facility	0.0	STAFFING	FTEs*
		Total Patients	52	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	54			Total Patients	52	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	3.0
TOTAL DISCHARGES	23	Medicare	94.4%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	0.0	LEVEL OF CARE		Hospice Aides	2.9
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	99.5%	Physical Therapists	0.0
Hospice care not appropriate	8.7%	Managed Care/HMO	0.0	Continuous care	0.5	Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
care provided by		Private Insurance	5.6	symptom mgmt	0.0	Pathologists	0.0
another hospice	8.7	Self Pay	0.0	Respite care	0.0	Bereavement Counselors	2.0
Revocation of		Other	0.0	Total Patient Days	2,743	Social Workers	2.1
hospice benefit	13.0	Total Admissions	54			Dietary	0.0
Other	4.3			CASELOAD ON 12/31/05		Chaplain	0.2
Deaths	65.2	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	2.0
Total Discharges	23	OF OCCURRENCE		Private residence	90.3%	Volunteer Coordinator	2.0
		Private residence	100.0%	Nursing home	9.7	Other	0.0
		Nursing home	0.0	Hospice res. fac.	0.0	Total FTEs	15.2
		Hospice res. fac.	0.0	Assisted living:			
DISCHARGES BY		Assisted living:		Residential care		* Full-time equivalents	
LENGTH OF STAY		Residential care		apt. complex	0.0		
1 - 7 days	43.5%	apt. complex	0.0	Adult family home	0.0	Volunteers who served	
8 - 14 days	8.7	Community-based	0.0	res. facility	0.0	patients of the	
15 - 29 days	13.0	Inpatient facility	0.0	Caseload	31	hospice in 2005:	5
30 - 59 days	30.4	Other site	0.0				
60 - 89 days	0.0	Total Deaths	15			Total hours of	
90 - 179 days	4.3					service provided	
180 days - 1 year	0.0					during 2005 by these	
1 year or more	0.0					volunteers:	15
Total Discharges	23						

St. Nicholas Hospital HHA and Hospice3100 Superior Avenue
Sheboygan WI 53081License Number: 532
County: Sheboygan
(920) 457-5770

Page 47

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	24
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	173
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	17
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	41.0%	Medicare	91.7%
20 to 54	6.9	(cancer)	52.0%	Self-referral	2.3	Medicaid	8.3
55 to 64	8.1	Cardiovascular		Patient's family	4.6	Medicare/Medicaid	0.0
65 to 74	17.3	disease	23.7	Hospital	43.4	Managed Care/HMO	0.0
75 to 84	34.1	Pulmonary disease	8.1	Home health agency	1.2	PACE/Partnership	0.0
85 to 94	29.5	Renal failure/		Nursing home	7.5	Private Insurance	0.0
95 & over	4.0	kidney disease	0.6	Assisted living:		Self Pay	0.0
Total Patients	173	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.8	apt. complex	0.0	Caseload	24
Male	39.9%	AIDS	0.0	Adult family home	0.0		
Female	60.1	ALS	0.0	Community-based			
Total Patients	173	Other	9.8	res. facility	0.0		
		Total Patients	173	Other	0.0	STAFFING	FTEs*
TOTAL ADMISSIONS	152			Total Patients	173	Administrators	0.6
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	150	Medicare	83.6%			Registered Nurses	2.8
		Medicaid	5.3	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.9%	Physical Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.7	symptom mgmt	0.8	Pathologists	0.0
another hospice	0.7	Other	0.0	Respite care	0.3	Bereavement Counselors	0.8
Revocation of		Total Admissions	152	Total Patient Days	6,264	Social Workers	0.2
hospice benefit	2.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	95.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.4
Total Discharges	150	Private residence	56.6%	Private residence	66.7%	Volunteer Coordinator	0.2
		Nursing home	35.0	Nursing home	29.2	Other	0.2
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.5
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	46.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	10.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	14.7	Community-based		Community-based		patients of the	
30 - 59 days	11.3	res. facility	1.4	res. facility	4.2	hospice in 2005:	34
60 - 89 days	2.7	Inpatient facility	7.0	Inpatient facility	0.0		
90 - 179 days	9.3	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	2.7	Total Deaths	143	Caseload	24	service provided	
1 year or more	2.7					during 2005 by these	
Total Discharges	150					volunteers:	888

Hope Hospice Palliative Care
657 McComb Avenue, PO Box 237
Rib Lake WI 54470

License Number: 1517
County: Taylor
(715) 427-3532

Page 48

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 14
Unduplicated Patient Count for 2005: 79
Average Daily Census: 16
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	26.6%	Medicare	100.0%
20 to 54	5.1	(cancer)	44.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	7.6	Cardiovascular		Patient's family	10.1	Medicare/Medicaid	0.0
65 to 74	11.4	disease	20.3	Hospital	22.8	Managed Care/HMO	0.0
75 to 84	32.9	Pulmonary disease	5.1	Home health agency	3.8	PACE/Partnership	0.0
85 to 94	34.2	Renal failure/		Nursing home	1.3	Private Insurance	0.0
95 & over	8.9	kidney disease	5.1	Assisted living:		Self Pay	0.0
Total Patients	79	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	8.9	apt. complex	1.3	Caseload	14
Male	41.8%	AIDS	0.0	Adult family home	0.0		
Female	58.2	ALS	1.3	Community-based			
Total Patients	79	Other	15.2	res. facility	5.1		
		Total Patients	79	Other	29.1	STAFFING	FTEs*
TOTAL ADMISSIONS	69			Total Patients	79	Administrators	1.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	69	Medicare	92.8%			Registered Nurses	4.4
		Medicaid	1.4	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	1.3
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	1.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	5.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.5
Revocation of		Total Admissions	69	Total Patient Days	5,974	Social Workers	0.1
hospice benefit	14.5					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.2
Deaths	84.1	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	1.0
Total Discharges	69	Private residence	60.3%	Private residence	35.7%	Volunteer Coordinator	0.5
		Nursing home	31.0	Nursing home	42.9	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	9.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	33.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	10.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	18.8	Community-based		Community-based		patients of the	
30 - 59 days	17.4	res. facility	8.6	res. facility	21.4	hospice in 2005:	40
60 - 89 days	2.9	Inpatient facility	0.0	Inpatient facility	0.0		
90 - 179 days	5.8	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	8.7	Total Deaths	58	Caseload	14	service provided	
1 year or more	2.9					during 2005 by these	
Total Discharges	69					volunteers:	2,080

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2005 Caseload:	9
Unduplicated Patient Count for 2005:	54
Average Daily Census:	7
Medicare Certified Inpatient Facility?	No

Page 49

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	44.4%	Medicare	100.0%
20 to 54	9.3	(cancer)	57.4%	Self-referral	0.0	Medicaid	0.0
55 to 64	13.0	Cardiovascular		Patient's family	3.7	Medicare/Medicaid	0.0
65 to 74	20.4	disease	18.5	Hospital	31.5	Managed Care/HMO	0.0
75 to 84	29.6	Pulmonary disease	7.4	Home health agency	5.6	PACE/Partnership	0.0
85 to 94	22.2	Renal failure/		Nursing home	14.8	Private Insurance	0.0
95 & over	5.6	kidney disease	3.7	Assisted living:		Self Pay	0.0
Total Patients	54	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.7	apt. complex	0.0	Caseload	9
Male	46.3%	AIDS	0.0	Adult family home	0.0		
Female	53.7	ALS	0.0	Community-based			
Total Patients	54	Other	9.3	res. facility	0.0	STAFFING	FTEs*
		Total Patients	54	Other	0.0	Administrators	0.5
TOTAL ADMISSIONS	54			Total Patients	54	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	1.3
TOTAL DISCHARGES	50	Medicare	81.5%			Lic. Prac. Nurses	0.0
		Medicaid	0.0	PATIENT DAYS BY		Hospice Aides	0.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.1
Hospice care not		Managed Care/HMO	1.9	Routine home care	99.4%	Occupational Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	7.4	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	3.7	symptom mgmt	0.1	Bereavement Counselors	0.2
another hospice	0.0	Other	5.6	Respite care	0.5	Social Workers	0.5
Revocation of		Total Admissions	54	Total Patient Days	2,717	Dietary	0.0
hospice benefit	12.0					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	0.8
Deaths	86.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.1
Total Discharges	50	Private residence	60.5%	Private residence	77.8%	Other	0.1
		Nursing home	27.9	Nursing home	22.2	Total FTEs	4.4
DISCHARGES BY		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
LENGTH OF STAY		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	22.0%	Residential care		Residential care			
8 - 14 days	16.0	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
15 - 29 days	20.0	Adult family home	0.0	Adult family home	0.0	patients of the	
30 - 59 days	18.0	Community-based		Community-based		hospice in 2005:	15
60 - 89 days	10.0	res. facility	4.7	res. facility	0.0		
90 - 179 days	10.0	Inpatient facility	7.0	Inpatient facility	0.0	Total hours of	
180 days - 1 year	2.0	Other site	0.0	Other site	0.0	service provided	
1 year or more	2.0	Total Deaths	43	Caseload	9	during 2005 by these	
Total Discharges	50					volunteers:	202

Cedar Community Hospice
 5595 County Road Z
 West Bend WI 53095

License Number: 2009
 County: Washington
 (262) 306-2691

Page 50

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 17
 Unduplicated Patient Count for 2005: 83
 Average Daily Census: 10
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	100.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	19.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	0.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	0.0	disease	14.5	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	28.9	Pulmonary disease	12.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	50.6	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	20.5	kidney disease	4.8	Assisted living:		Self Pay	0.0
Total Patients	83	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	34.9	apt. complex	0.0	Caseload	17
Male	33.7%	AIDS	0.0	Adult family home	0.0		
Female	66.3	ALS	1.2	Community-based			
Total Patients	83	Other	13.3	res. facility	0.0	STAFFING	FTEs*
		Total Patients	83	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	85			Total Patients	83	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	1.6
TOTAL DISCHARGES	72	Medicare	97.6%	PATIENT DAYS BY		Lic. Prac. Nurses	0.1
		Medicaid	1.2	LEVEL OF CARE		Hospice Aides	1.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	100.0%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	2.8%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	1.2	symptom mgmt	0.0	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.0	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Total Patient Days	3,670	Social Workers	0.2
Revocation of		Total Admissions	85			Dietary	0.0
hospice benefit	2.8			CASELOAD ON 12/31/05		Chaplain	0.1
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.6
Deaths	94.4	OF OCCURRENCE		Private residence	0.0%	Volunteer Coordinator	0.2
Total Discharges	72	Private residence	1.5%	Nursing home	94.1	Other	0.0
		Nursing home	89.7	Hospice res. fac.	0.0	Total FTEs	4.9
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	44.4%	Residential care		apt. complex	5.9	Volunteers who served	
8 - 14 days	11.1	apt. complex	8.8	Adult family home	0.0	patients of the	
15 - 29 days	8.3	Community-based		Community-based		hospice in 2005:	42
30 - 59 days	12.5	res. facility	0.0	res. facility	0.0		
60 - 89 days	4.2	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	16.7	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	2.8	Total Deaths	68	Caseload	17	during 2005 by these	
1 year or more	0.0					volunteers:	779
Total Discharges	72						

Rolland Nelson Crossroads Hospice
 1020 James Drive, Suite E
 Hartland WI 53029

License Number: 527
 County: Waukesha
 (262) 928-7444

Page 51

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? Yes

December 31, 2005 Caseload: 43
 Unduplicated Patient Count for 2005: 659
 Average Daily Census: 52
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.2%	Malignant neoplasm		Physician	26.7%	Medicare	93.0%
20 to 54	6.7	(cancer)	67.1%	Self-referral	2.9	Medicaid	0.0
55 to 64	11.7	Cardiovascular		Patient's family	9.3	Medicare/Medicaid	0.0
65 to 74	22.8	disease	19.3	Hospital	49.3	Managed Care/HMO	4.7
75 to 84	36.1	Pulmonary disease	10.3	Home health agency	7.6	PACE/Partnership	0.0
85 to 94	19.4	Renal failure/		Nursing home	2.3	Private Insurance	2.3
95 & over	3.2	kidney disease	0.6	Assisted living:		Self Pay	0.0
Total Patients	659	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.0	apt. complex	2.0	Caseload	43
Male	46.4%	AIDS	0.3	Adult family home	0.0		
Female	53.6	ALS	0.5	Community-based			
Total Patients	659	Other	0.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	659	Other	0.0	Administrators	1.0
TOTAL ADMISSIONS	627			Total Patients	659	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	13.9
TOTAL DISCHARGES	630	Medicare	83.6%			Lic. Prac. Nurses	0.6
		Medicaid	1.4	PATIENT DAYS BY		Hospice Aides	12.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	7.2	Routine home care	87.0%	Occupational Therapists	0.0
appropriate	9.8%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	7.3	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.3	symptom mgmt	12.4	Bereavement Counselors	1.0
another hospice	2.5	Other	0.2	Respite care	0.6	Social Workers	1.8
Revocation of		Total Admissions	627	Total Patient Days	18,898	Dietary	3.1
hospice benefit	3.7					Chaplain	1.4
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	1.8
Deaths	84.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.8
Total Discharges	630	Private residence	35.0%	Private residence	81.4%	Other	0.0
		Nursing home	0.8	Nursing home	0.0	Total FTEs	37.4
DISCHARGES BY		Hospice res. fac.	62.0	Hospice res. fac.	7.0		
LENGTH OF STAY		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	38.4%	Residential care		Residential care			
8 - 14 days	17.8	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
15 - 29 days	17.1	Adult family home	0.0	Adult family home	0.0	patients of the	
30 - 59 days	12.1	Community-based		Community-based		hospice in 2005:	283
60 - 89 days	6.0	res. facility	0.0	res. facility	0.0		
90 - 179 days	6.2	Inpatient facility	2.3	Inpatient facility	11.6	Total hours of	
180 days - 1 year	2.2	Other site	0.0	Other site	0.0	service provided	
1 year or more	0.2	Total Deaths	529	Caseload	43	during 2005 by these	
Total Discharges	630					volunteers:	21,696

Thedacare At Home

3000 East College Avenue, Suite A
Appleton WI 54915

License Number: 1504
County: Winnebago
(920) 969-0919

Page 52

Ownership of Hospice:	Nonprofit Corporation	December 31, 2005 Caseload:	101
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	662
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	92
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.3%	Malignant neoplasm		Physician	22.1%	Medicare	87.1%
20 to 54	5.4	(cancer)	54.5%	Self-referral	0.2	Medicaid	1.0
55 to 64	12.5	Cardiovascular		Patient's family	3.6	Medicare/Medicaid	0.0
65 to 74	18.7	disease	18.0	Hospital	55.4	Managed Care/HMO	0.0
75 to 84	31.6	Pulmonary disease	6.6	Home health agency	4.7	PACE/Partnership	0.0
85 to 94	27.9	Renal failure/		Nursing home	11.2	Private Insurance	11.9
95 & over	3.5	kidney disease	6.6	Assisted living:		Self Pay	0.0
Total Patients	662	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.3	apt. complex	1.5	Caseload	101
Male	46.8%	AIDS	0.0	Adult family home	0.0		
Female	53.2	ALS	0.9	Community-based			
Total Patients	662	Other	10.0	res. facility	0.3	STAFFING	FTEs*
		Total Patients	662	Other	1.1	Administrators	3.0
TOTAL ADMISSIONS	585			Total Patients	662	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	34.9
TOTAL DISCHARGES	569	Medicare	84.3%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	2.6	LEVEL OF CARE		Hospice Aides	5.9
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	96.8%	Physical Therapists	0.2
Hospice care not		Managed Care/HMO	1.2	Continuous care	0.0	Occupational Therapists	1.1
appropriate	3.7%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	11.5	symptom mgmt	2.8	Pathologists	0.0
care provided by		Self Pay	0.5	Respite care	0.5	Bereavement Counselors	0.4
another hospice	0.9	Other	0.0	Total Patient Days	33,611	Social Workers	5.1
Revocation of		Total Admissions	585			Dietary	0.4
hospice benefit	2.6			CASELOAD ON 12/31/05		Chaplain	1.0
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	30.6
Deaths	92.8	OF OCCURRENCE		Private residence	64.4%	Volunteer Coordinator	0.9
Total Discharges	569	Private residence	43.4%	Nursing home	16.8	Other	0.0
		Nursing home	17.6	Hospice res. fac.	4.0	Total FTEs	83.3
DISCHARGES BY		Hospice res. fac.	24.1	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	37.4%	Residential care		apt. complex	8.9	Volunteers who served	
8 - 14 days	11.6	apt. complex	0.6	Adult family home	0.0	patients of the	
15 - 29 days	13.9	Adult family home	0.0	Community-based		hospice in 2005:	124
30 - 59 days	13.7	Community-based		res. facility	5.9		
60 - 89 days	7.6	res. facility	1.1	Inpatient facility	0.0	Total hours of	
90 - 179 days	9.3	Inpatient facility	13.3	Other site	0.0	service provided	
180 days - 1 year	3.5	Other site	0.0	Caseload	101	during 2005 by these	
1 year or more	3.0	Total Deaths	528			volunteers:	7,164
Total Discharges	569						

Affinity Visiting Nurses
816 West Winneconne Avenue
Neenah WI 54956

License Number: 1526
County: Winnebago
(920) 727-2000

Page 53

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	58
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	347
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	49
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.6%	Malignant neoplasm 55.0%	Physician 33.1%	Medicare 89.7%
20 to 54 7.5	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 8.4	Cardiovascular	Patient's family 7.8	Medicare/Medicaid 0.0
65 to 74 15.6	disease 13.3	Hospital 33.7	Managed Care/HMO 3.4
75 to 84 29.7	Pulmonary disease 4.6	Home health agency 7.5	PACE/Partnership 0.0
85 to 94 32.9	Renal failure/	Nursing home 10.4	Private Insurance 5.2
95 & over 5.5	kidney disease 3.5	Assisted living:	Self Pay 1.7
Total Patients 347	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 2.0	apt. complex 0.0	Caseload 58
Male 47.0%	AIDS 0.0	Adult family home 0.0	
Female 53.0	ALS 0.3	Community-based	
Total Patients 347	Other 21.3	res. facility 1.7	STAFFING FTEs*
	Total Patients 347	Other 5.8	Administrators 2.0
TOTAL ADMISSIONS 307		Total Patients 347	Physicians 0.0
	ADMISSIONS BY PAY SOURCE		Registered Nurses 5.4
TOTAL DISCHARGES 291	Medicare 83.7%	PATIENT DAYS BY	Lic. Prac. Nurses 0.0
	Medicaid 3.9	LEVEL OF CARE	Hospice Aides 2.6
REASON FOR DISCHARGE	Medicare/Medicaid 0.0	Routine home care 99.2%	Physical Therapists 0.0
Hospice care not appropriate 5.8%	Managed Care/HMO 5.9	Continuous care 0.0	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	Inpatient care: acute	Speech/Language
care provided by	Private Insurance 5.5	symptom mgmt 0.7	Pathologists 0.0
another hospice 1.7	Self Pay 1.0	Respite care 0.2	Bereavement Counselors 1.2
Revocation of hospice benefit 1.7	Other 0.0	Total Patient Days 17,785	Social Workers 2.6
Other 0.3	Total Admissions 307		Dietary 0.0
Deaths 90.4		CASELOAD ON 12/31/05	Chaplain 0.6
Total Discharges 291	DEATHS BY SITE	BY LIVING ARRANGEMENTS	Clerical/Office Support 1.6
	OF OCCURRENCE	Private residence 70.7%	Volunteer Coordinator 1.2
	Private residence 60.8%	Nursing home 8.6	Other 0.0
	Nursing home 28.5	Hospice res. fac. 0.0	Total FTEs 17.2
	Hospice res. fac. 0.0	Assisted living:	
DISCHARGES BY	Assisted living:	Residential care	* Full-time equivalents
LENGTH OF STAY	Residential care	apt. complex 5.2	
1 - 7 days 30.9%	apt. complex 0.0	Adult family home 0.0	Volunteers who served
8 - 14 days 12.7	Adult family home 0.0	Community-based	patients of the
15 - 29 days 15.5	Community-based	res. facility 13.8	hospice in 2005: 59
30 - 59 days 15.8	res. facility 0.8	Inpatient facility 1.7	
60 - 89 days 6.5	Inpatient facility 9.9	Other site 0.0	Total hours of
90 - 179 days 12.0	Other site 0.0	Caseload 58	service provided
180 days - 1 year 4.5	Total Deaths 263		during 2005 by these
1 year or more 2.1			volunteers: 2,518
Total Discharges 291			

Ministry HC Hospice Marshfield
303 West Upham Street, Suite 200
Marshfield WI 54449

License Number: 1516
County: Wood
(715) 387-7052

Page 54

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2005 Caseload:	60
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	343
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	51
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/05 BY PAY SOURCE
Under 20 0.3%	Malignant neoplasm 47.2%	Physician 69.7%	Medicare 75.0%
20 to 54 3.2	(cancer)	Self-referral 0.9	Medicaid 1.7
55 to 64 6.7	Cardiovascular	Patient's family 2.9	Medicare/Medicaid 21.7
65 to 74 16.3	disease 14.3	Hospital 16.6	Managed Care/HMO 0.0
75 to 84 34.4	Pulmonary disease 9.6	Home health agency 1.5	PACE/Partnership 0.0
85 to 94 31.2	Renal failure/	Nursing home 7.0	Private Insurance 1.7
95 & over 7.9	kidney disease 4.7	Assisted living:	Self Pay 0.0
Total Patients 343	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 5.5	apt. complex 0.0	Caseload 60
Male 43.7%	AIDS 0.0	Adult family home 0.0	
Female 56.3	ALS 1.5	Community-based	
Total Patients 343	Other 17.2	res. facility 0.9	STAFFING FTEs*
TOTAL ADMISSIONS 297	Total Patients 343	Other 0.6	Administrators 1.0
	ADMISSIONS BY PAY SOURCE	Total Patients 343	Physicians 0.2
TOTAL DISCHARGES 286	Medicare 76.4%		Registered Nurses 8.6
	Medicaid 2.7	PATIENT DAYS BY	Lic. Prac. Nurses 3.2
REASON FOR DISCHARGE	Medicare/Medicaid 13.5	LEVEL OF CARE	Hospice Aides 10.2
Hospice care not appropriate 3.5%	Managed Care/HMO 0.0	Routine home care 99.3%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 6.4	Inpatient care: acute	Speech/Language
another hospice 0.7	Self Pay 0.0	symptom mgmt 0.5	Pathologists 0.0
Revocation of	Other 1.0	Respite care 0.2	Bereavement Counselors 1.0
hospice benefit 2.4	Total Admissions 297	Total Patient Days 18,634	Social Workers 4.0
Other 0.0			Dietary 0.1
Deaths 93.4	DEATHS BY SITE	CASELOAD ON 12/31/05	Chaplain 1.0
Total Discharges 286	OF OCCURRENCE	BY LIVING ARRANGEMENTS	Clerical/Office Support 2.5
	Private residence 49.1%	Private residence 46.7%	Volunteer Coordinator 1.0
	Nursing home 19.1	Nursing home 26.7	Other 0.0
	Hospice res. fac. 18.4	Hospice res. fac. 8.3	Total FTEs 32.8
DISCHARGES BY	Assisted living:	Assisted living:	* Full-time equivalents
LENGTH OF STAY	Residential care	Residential care	
1 - 7 days 24.1%	apt. complex 1.5	apt. complex 0.0	Volunteers who served
8 - 14 days 13.6	Adult family home 0.0	Adult family home 0.0	patients of the
15 - 29 days 20.3	Community-based	Community-based	hospice in 2005: 125
30 - 59 days 14.7	res. facility 9.7	res. facility 18.3	
60 - 89 days 7.3	Inpatient facility 2.2	Inpatient facility 0.0	Total hours of
90 - 179 days 11.2	Other site 0.0	Other site 0.0	service provided
180 days - 1 year 7.0	Total Deaths 267	Caseload 60	during 2005 by these
1 year or more 1.7			volunteers: 6,096
Total Discharges 286			

License Number: 562
County: Out of State
(563) 582-1220

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2005 Caseload:	1
Unduplicated Patient Count for 2005:	29
Average Daily Census:	2
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDUPLICATED PATIENT COUNT		UNDUPLICATIONED PATIENT COUNT		UNDUPLICATIONED PATIENT COUNT		BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	17.2%	Medicare	100.0%
20 to 54	3.4	(cancer)	65.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	3.4	Cardiovascular		Patient's family	6.9	Medicare/Medicaid	0.0
65 to 74	27.6	disease	3.4	Hospital	27.6	Managed Care/HMO	0.0
75 to 84	24.1	Pulmonary disease	10.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	41.4	Renal failure/ kidney disease	10.3	Nursing home	48.3	Private Insurance	0.0
95 & over	0.0	Diabetes	0.0	Assisted living:		Self Pay	0.0
Total Patients	29	Alzheimer's disease	3.4	Residential care apt. complex	0.0	Other	0.0
Male	20.7%	AIDS	0.0	Adult family home	0.0	Caseload	1
Female	79.3	ALS	0.0	Community-based res. facility	0.0		
Total Patients	29	Other	6.9	Other	0.0	STAFFING	FTEs*
		Total Patients	29	Total Patients	29	Administrators	0.1
TOTAL ADMISSIONS	26					Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.5
TOTAL DISCHARGES	28	Medicare	96.2%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	3.8	LEVEL OF CARE		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	99.9%	Physical Therapists	0.0
Hospice care not appropriate	3.6%	Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred: care provided by another hospice	0.0	PACE/Partnership	0.0	Inpatient care: acute symptom mgmt	0.1	Speech/Language Pathologists	0.0
Revocation of hospice benefit	0.0	Private Insurance	0.0	Respiti care	0.0	Bereavement Counselors	0.0
Other	0.0	Self Pay	0.0	Total Patient Days	725	Social Workers	0.1
Deaths	96.4	Other	0.0			Dietary	0.0
Total Discharges	28	Total Admissions	26			Chaplain	0.0
DISCHARGES BY LENGTH OF STAY		DEATHS BY SITE OF OCCURRENCE		CASELOAD ON 12/31/05 BY LIVING ARRANGEMENTS		Clerical/Office Support	0.1
1 - 7 days	17.9%	Private residence	48.1%	Private residence	100.0%	Volunteer Coordinator	0.0
8 - 14 days	25.0	Nursing home	29.6	Nursing home	0.0	Other	0.0
15 - 29 days	17.9	Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.8
30 - 59 days	25.0	Assisted living: Residential care apt. complex	0.0	Assisted living: Residential care apt. complex	0.0	* Full-time equivalents	
60 - 89 days	7.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served patients of the hospice in 2005:	8
90 - 179 days	7.1	Community-based res. facility	0.0	Community-based res. facility	0.0		
180 days - 1 year	0.0	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of service provided during 2005 by these volunteers:	41
1 year or more	0.0	Other site	22.2	Other site	0.0		
Total Discharges	28	Total Deaths	27	Caseload	1		

St. Luke's Hospice Duluth
 220 North 6th Avenue East
 Duluth MN 55805

License Number: 537
 County: Out of State
 (218) 249-6100

Page 56

Ownership of Hospice:	Nonprofit Corporation	December 31, 2005 Caseload:	2
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2005:	20
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	70.0%	Medicare	50.0%
20 to 54	0.0	(cancer)	60.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	20.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	10.0	disease	20.0	Hospital	30.0	Managed Care/HMO	0.0
75 to 84	65.0	Pulmonary disease	5.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	5.0	Renal failure/		Nursing home	0.0	Private Insurance	50.0
95 & over	0.0	kidney disease	5.0	Assisted living:		Self Pay	0.0
Total Patients	20	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	2
Male	40.0%	AIDS	0.0	Adult family home	0.0		
Female	60.0	ALS	0.0	Community-based			
Total Patients	20	Other	10.0	res. facility	0.0	STAFFING	FTEs*
		Total Patients	20	Other	0.0	Administrators	0.0
TOTAL ADMISSIONS	20			Total Patients	20	Physicians	0.0
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.0
TOTAL DISCHARGES	19	Medicare	85.0%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	10.0	LEVEL OF CARE		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	Routine home care	91.7%	Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	5.0	symptom mgmt	8.3	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Total Patient Days	569	Social Workers	0.0
Revocation of		Total Admissions	20			Dietary	0.0
hospice benefit	5.3			CASELOAD ON 12/31/05		Chaplain	0.0
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Deaths	94.7	OF OCCURRENCE		Private residence	50.0%	Volunteer Coordinator	0.0
Total Discharges	19	Private residence	55.6%	Nursing home	50.0	Other	0.0
		Nursing home	0.0	Hospice res. fac.	0.0	Total FTEs	0.0
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	52.6%	Residential care		apt. complex	0.0		
8 - 14 days	21.1	apt. complex	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	5.3	Adult family home	0.0	Community-based		patients of the	
30 - 59 days	15.8	Community-based		res. facility	0.0	hospice in 2005:	44
60 - 89 days	0.0	res. facility	0.0	Inpatient facility	0.0		
90 - 179 days	0.0	Inpatient facility	44.4	Other site	0.0	Total hours of	
180 days - 1 year	0.0	Other site	0.0	Caseload	2	service provided	
1 year or more	5.3	Total Deaths	18			during 2005 by these	
Total Discharges	19					volunteers:	238

St. Mary's Hospice and Palliative Care330 East 2nd Street
Duluth MN 55805License Number: 535
County: Out of State
(218) 786-4020

Page 57

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 19
 Unduplicated Patient Count for 2005: 165
 Average Daily Census: 21
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	73.9%	Medicare	47.4%
20 to 54	4.2	(cancer)	46.1%	Self-referral	0.6	Medicaid	5.3
55 to 64	7.9	Cardiovascular		Patient's family	2.4	Medicare/Medicaid	36.8
65 to 74	12.1	disease	18.2	Hospital	17.0	Managed Care/HMO	0.0
75 to 84	40.6	Pulmonary disease	10.3	Home health agency	1.2	PACE/Partnership	0.0
85 to 94	34.5	Renal failure/		Nursing home	4.8	Private Insurance	10.5
95 & over	0.0	kidney disease	1.8	Assisted living:		Self Pay	0.0
Total Patients	165	Diabetes	1.2	Residential care		Other	0.0
		Alzheimer's disease	7.9	apt. complex	0.0	Caseload	19
Male	46.7%	AIDS	0.6	Adult family home	0.0		
Female	53.3	ALS	1.2	Community-based			
Total Patients	165	Other	12.7	res. facility	0.0	STAFFING	FTEs*
		Total Patients	165	Other	0.0	Administrators	0.2
TOTAL ADMISSIONS	152			Total Patients	165	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	2.5
TOTAL DISCHARGES	154	Medicare	64.5%	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
		Medicaid	3.9	LEVEL OF CARE		Hospice Aides	1.4
REASON FOR DISCHARGE		Medicare/Medicaid	26.3	Routine home care	94.5%	Physical Therapists	0.1
Hospice care not		Managed Care/HMO	0.0	Continuous care	0.0	Occupational Therapists	0.0
appropriate	3.9%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	5.3	symptom mgmt	5.1	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.3	Bereavement Counselors	0.5
another hospice	3.2	Other	0.0	Total Patient Days	7,772	Social Workers	0.6
Revocation of		Total Admissions	152			Dietary	0.0
hospice benefit	9.7			CASELOAD ON 12/31/05		Chaplain	0.2
Other	0.0	DEATHS BY SITE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.5
Deaths	83.1	OF OCCURRENCE		Private residence	63.2%	Volunteer Coordinator	0.2
Total Discharges	154	Private residence	40.6%	Nursing home	36.8	Other	0.0
		Nursing home	32.8	Hospice res. fac.	0.0	Total FTEs	6.1
DISCHARGES BY		Hospice res. fac.	0.0	Assisted living:			
LENGTH OF STAY		Assisted living:		Residential care		* Full-time equivalents	
1 - 7 days	42.9%	Residential care		apt. complex	0.0	Volunteers who served	
8 - 14 days	11.7	apt. complex	0.0	Adult family home	0.0	patients of the	
15 - 29 days	7.8	Community-based		Community-based		hospice in 2005:	80
30 - 59 days	13.0	res. facility	0.0	res. facility	0.0		
60 - 89 days	7.1	Inpatient facility	26.6	Inpatient facility	0.0	Total hours of	
90 - 179 days	12.3	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	5.2	Total Deaths	128	Caseload	19	during 2005 by these	
1 year or more	0.0					volunteers:	5,682
Total Discharges	154						

Marquette General Home Health and Hospice

Doctors Park, Suite 101
Escanaba MI 49829

License Number: 551
County: Out of State
(906) 863-7877

Page 58

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 2
Unduplicated Patient Count for 2005: 17
Average Daily Census: 1
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	5.9%	Malignant neoplasm		Physician	0.0%	Medicare	50.0%
20 to 54	17.6	(cancer)	94.1%	Self-referral	0.0	Medicaid	0.0
55 to 64	23.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	17.6	disease	0.0	Hospital	58.8	Managed Care/HMO	0.0
75 to 84	29.4	Pulmonary disease	0.0	Home health agency	41.2	PACE/Partnership	0.0
85 to 94	5.9	Renal failure/		Nursing home	0.0	Private Insurance	50.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	17	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	2
Male	58.8%	AIDS	0.0	Adult family home	0.0		
Female	41.2	ALS	0.0	Community-based			
Total Patients	17	Other	5.9	res. facility	0.0	STAFFING	FTEs*
		Total Patients	17	Other	0.0	Administrators	0.1
TOTAL ADMISSIONS	16			Total Patients	17	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.2
TOTAL DISCHARGES	15	Medicare	68.8%			Lic. Prac. Nurses	0.0
		Medicaid	6.3	PATIENT DAYS BY		Hospice Aides	0.1
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.6%	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	25.0	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	0.4	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Respite care	0.0	Social Workers	0.2
Revocation of		Total Admissions	16	Total Patient Days	544	Dietary	0.0
hospice benefit	6.7					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	0.1
Deaths	93.3	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.1
Total Discharges	15	Private residence	92.9%	Private residence	100.0%	Other	0.0
		Nursing home	0.0	Nursing home	0.0	Total FTEs	0.9
DISCHARGES BY		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
LENGTH OF STAY		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	26.7%	Residential care		Residential care			
8 - 14 days	6.7	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
15 - 29 days	33.3	Adult family home	0.0	Adult family home	0.0	patients of the	
30 - 59 days	13.3	Community-based		Community-based		hospice in 2005:	11
60 - 89 days	13.3	res. facility	0.0	res. facility	0.0		
90 - 179 days	6.7	Inpatient facility	7.1	Inpatient facility	0.0	Total hours of	
180 days - 1 year	0.0	Other site	0.0	Other site	0.0	service provided	
1 year or more	0.0	Total Deaths	14	Caseload	2	during 2005 by these	
Total Discharges	15					volunteers:	67

Red Wing Regional Hospice
 1407 West 4th Street, Box 134
 Red Wing MN 55066

License Number: 540
 County: Out of State
 (651) 385-3410

Page 59

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 2
 Unduplicated Patient Count for 2005: 18
 Average Daily Census: 2
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	55.6%	Medicare	100.0%
20 to 54	0.0	(cancer)	50.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	11.1	Cardiovascular		Patient's family	5.6	Medicare/Medicaid	0.0
65 to 74	27.8	disease	5.6	Hospital	22.2	Managed Care/HMO	0.0
75 to 84	27.8	Pulmonary disease	22.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	27.8	Renal failure/		Nursing home	16.7	Private Insurance	0.0
95 & over	5.6	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	18	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.6	apt. complex	0.0	Caseload	2
Male	61.1%	AIDS	0.0	Adult family home	0.0		
Female	38.9	ALS	0.0	Community-based			
Total Patients	18	Other	16.7	res. facility	0.0	STAFFING	FTEs*
		Total Patients	18	Other	0.0	Administrators	0.1
TOTAL ADMISSIONS	17			Total Patients	18	Physicians	0.1
		ADMISSIONS BY PAY SOURCE				Registered Nurses	0.2
TOTAL DISCHARGES	16	Medicare	88.2%			Lic. Prac. Nurses	0.0
		Medicaid	0.0	PATIENT DAYS BY		Hospice Aides	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	11.8	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.0	symptom mgmt	0.0	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Respite care	0.0	Social Workers	0.1
Revocation of		Total Admissions	17	Total Patient Days	686	Dietary	0.0
hospice benefit	6.3					Chaplain	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Clerical/Office Support	0.0
Deaths	93.8	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.0
Total Discharges	16	Private residence	66.7%	Private residence	100.0%	Other	0.0
		Nursing home	33.3	Nursing home	0.0	Total FTEs	0.5
		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
DISCHARGES BY		Assisted living:		Assisted living:		* Full-time equivalents	
LENGTH OF STAY		Residential care		Residential care			
1 - 7 days	18.8%	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
8 - 14 days	12.5	Adult family home	0.0	Adult family home	0.0	patients of the	
15 - 29 days	37.5	Community-based		Community-based		hospice in 2005:	20
30 - 59 days	18.8	res. facility	0.0	res. facility	0.0		
60 - 89 days	0.0	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
90 - 179 days	12.5	Other site	0.0	Other site	0.0	service provided	
180 days - 1 year	0.0	Total Deaths	15	Caseload	2	during 2005 by these	
1 year or more	0.0					volunteers:	12
Total Discharges	16						

Mayo Hospice Program
200 1st Street SW
Rochester MN 55905

License Number: 534
County: Out of State
(507) 284-4002

Page 60

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 1
Unduplicated Patient Count for 2005: 10
Average Daily Census: 1
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/05	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	10.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	80.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	0.0	Cardiovascular		Patient's family	60.0	Medicare/Medicaid	0.0
65 to 74	40.0	disease	0.0	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	0.0	Private Insurance	100.0
95 & over	0.0	kidney disease	10.0	Assisted living:		Self Pay	0.0
Total Patients	10	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	1
Male	70.0%	AIDS	0.0	Adult family home	0.0		
Female	30.0	ALS	0.0	Community-based			
Total Patients	10	Other	10.0	res. facility	0.0		
		Total Patients	10	Other	30.0	STAFFING	FTEs*
TOTAL ADMISSIONS	9			Total Patients	10	Administrators	0.0
		ADMISSIONS BY PAY SOURCE				Physicians	0.0
TOTAL DISCHARGES	10	Medicare	77.8%			Registered Nurses	0.0
		Medicaid	0.0	PATIENT DAYS BY		Lic. Prac. Nurses	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	LEVEL OF CARE		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	20.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	22.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	9	Total Patient Days	189	Social Workers	0.0
hospice benefit	0.0					Dietary	0.0
Other	0.0	DEATHS BY SITE		CASELOAD ON 12/31/05		Chaplain	0.0
Deaths	80.0	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Clerical/Office Support	0.0
Total Discharges	10	Private residence	75.0%	Private residence	100.0%	Volunteer Coordinator	0.0
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.1
DISCHARGES BY		Assisted living:		Assisted living:			
LENGTH OF STAY		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	40.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	20.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 29 days	20.0	Community-based		Community-based		patients of the	
30 - 59 days	10.0	res. facility	0.0	res. facility	0.0	hospice in 2005:	9
60 - 89 days	0.0	Inpatient facility	25.0	Inpatient facility	0.0		
90 - 179 days	0.0	Other site	0.0	Other site	0.0	Total hours of	
180 days - 1 year	10.0	Total Deaths	8	Caseload	1	service provided	
1 year or more	0.0					during 2005 by these	
Total Discharges	10					volunteers:	53

Lakeview Hospice
5610 Norwich Parkway
Stillwater MN 55082

License Number: 548
County: Out of State
(651) 430-3320

Page 61

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 14
Unduplicated Patient Count for 2005: 94
Average Daily Census: 12
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	27.7%	Medicare	100.0%
20 to 54	1.1	(cancer)	72.3%	Self-referral	20.2	Medicaid	0.0
55 to 64	2.1	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	14.9	disease	6.4	Hospital	36.2	Managed Care/HMO	0.0
75 to 84	37.2	Pulmonary disease	10.6	Home health agency	2.1	PACE/Partnership	0.0
85 to 94	39.4	Renal failure/		Nursing home	12.8	Private Insurance	0.0
95 & over	5.3	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	94	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	8.5	apt. complex	1.1	Caseload	14
Male	42.6%	AIDS	0.0	Adult family home	0.0		
Female	57.4	ALS	0.0	Community-based			
Total Patients	94	Other	2.1	res. facility	0.0		
		Total Patients	94	Other	0.0		
TOTAL ADMISSIONS	83			Total Patients	94		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	80	Medicare	84.3%			Administrators	0.5
		Medicaid	6.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	2.3
Hospice care not appropriate	1.3%	Managed Care/HMO	0.0	Routine home care	99.7%	Lic. Prac. Nurses	0.1
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.8
care provided by another hospice	1.3	Private Insurance	6.0	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	5.0	Self Pay	0.0	symptom mgmt	0.2	Occupational Therapists	0.0
Other	0.0	Other	3.6	Respite care	0.1	Speech/Language	
Deaths	92.5	Total Admissions	83	Total Patient Days	4,483	Pathologists	0.0
Total Discharges	80					Bereavement Counselors	0.2
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.4
DISCHARGES BY LENGTH OF STAY		Private residence	82.4%	CASELOAD ON 12/31/05 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	. %	Nursing home	17.6	Private residence	71.4%	Chaplain	0.0
8 - 14 days	.	Hospice res. fac.	0.0	Nursing home	28.6	Clerical/Office Support	0.5
15 - 29 days	.	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.8
30 - 59 days	.	Residential care		Assisted living:		Other	0.0
60 - 89 days	.	apt. complex	0.0	Residential care		Total FTEs	5.5
90 - 179 days	.	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	.	Community-based		Adult family home	0.0		
1 year or more	.	res. facility	0.0	Community-based			
Total Discharges	80	Inpatient facility	0.0	res. facility	0.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	74	Other site	0.0		
				Caseload	14		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2005:	20
						Total hours of service provided during 2005 by these volunteers:	672

Winona Area Hospice
175 East Wabasha
Winona MN 55987

License Number: 561
County: Out of State
(507) 457-4468

Page 62

Ownership of Hospice: Nonprofit Corporation
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2005 Caseload: 4
Unduplicated Patient Count for 2005: 23
Average Daily Census: 4
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/05 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%	Medicare	75.0%
20 to 54	4.3	(cancer)	69.6%	Self-referral	0.0	Medicaid	25.0
55 to 64	13.0	Cardiovascular		Patient's family	17.4	Medicare/Medicaid	0.0
65 to 74	13.0	disease	13.0	Hospital	43.5	Managed Care/HMO	0.0
75 to 84	34.8	Pulmonary disease	4.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	26.1	Renal failure/		Nursing home	39.1	Private Insurance	0.0
95 & over	8.7	kidney disease	4.3	Assisted living:		Self Pay	0.0
Total Patients	23	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	4
Male	60.9%	AIDS	0.0	Adult family home	0.0		
Female	39.1	ALS	0.0	Community-based			
Total Patients	23	Other	8.7	res. facility	0.0		
		Total Patients	23	Other	0.0		
TOTAL ADMISSIONS	19			Total Patients	23		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	19	Medicare	89.5%			Administrators	0.0
		Medicaid	5.3			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	0.1
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Routine home care	100.0%	Lic. Prac. Nurses	0.1
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.1
care provided by another hospice	0.0	Private Insurance	5.3	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	15.8	Self Pay	0.0	symptom mgmt	0.0	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Speech/Language	
Deaths	84.2	Total Admissions	19	Total Patient Days	1,507	Pathologists	0.0
Total Discharges	19					Bereavement Counselors	0.1
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.2
DISCHARGES BY LENGTH OF STAY		Private residence	50.0%	CASELOAD ON 12/31/05 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	42.1%	Nursing home	50.0	Private residence	25.0%	Chaplain	0.1
8 - 14 days	15.8	Hospice res. fac.	0.0	Nursing home	75.0	Clerical/Office Support	0.1
15 - 29 days	10.5	Assisted living:		Hospice res. fac.	0.0	Volunteer Coordinator	0.1
30 - 59 days	10.5	Residential care		Assisted living:		Other	0.0
60 - 89 days	5.3	apt. complex	0.0	Residential care		Total FTEs	0.6
90 - 179 days	10.5	Adult family home	0.0	apt. complex	0.0		
180 days - 1 year	0.0	Community-based		Adult family home	0.0		
1 year or more	5.3	res. facility	0.0	Community-based			
Total Discharges	19	Inpatient facility	0.0	res. facility	0.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	16	Other site	0.0		
				Caseload	4		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2005:	3
						Total hours of service provided during 2005 by these volunteers:	67

Indices of Hospice Profiles

INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
1	526	Regional Hospice Services	Ashland	Ashland
2	555	Lakeview Medical Center	Rice Lake	Barron
3	2004	Aurora VNA of Wisconsin	Green Bay	Brown
4	2005	Heartland Home Health Care and Hospice	Green Bay	Brown
5	1503	Unity Hospice	Green Bay	Brown
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
9	1505	Hospicecare	Madison	Dane
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
13	516	Grant County Hospice	Lancaster	Grant
14	1523	The Monroe Clinic Hospice	Monroe	Green
15	545	Upland Hills Hospice	Dodgeville	Iowa
16	2006	Black River Hospice	Black River Falls	Jackson
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
21	538	Lafayette County Hospice	Darlington	Lafayette
22	524	Le Royer Hospice	Antigo	Langlade
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
25	1514	Aspirus Comfort Care & Hospice Services	Wausau	Marathon
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
27	525	Horizon Home Care and Hospice	Brown Deer	Milwaukee
28	1528	Aurora VNA of Wisconsin	Milwaukee	Milwaukee
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
33	547	Vitas Healthcare Corporation Midwest	Wauwatosa	Milwaukee
34	549	Aseracare Hospice	West Allis	Milwaukee
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
36	531	Hospice Touch	Tomah	Monroe
37	1509	Dr. Kate Hospice	Woodruff	Oneida
38	503	Ministry Home Care & Hospice Stevens Point	Stevens Point	Portage
39	552	Flambeau Home Health and Hospice	Phillips	Price
40	1525	Beloit Regional Hospice	Beloit	Rock
41	544	Mercy Assisted Care	Janesville	Rock
42	1521	Adoray Hospice	Baldwin	St. Croix
43	1522	Home Health United Hospice	Baraboo	Sauk

INDEX BY COUNTY

PAGE	LICENSE	NAME	CITY	COUNTY
44	510	Shawano Community Hospice	Shawano	Shawano
45	529	Aurora VNA of Wisconsin	Sheboygan	Sheboygan
46	2010	Hospice Advantage	Sheboygan	Sheboygan
47	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
48	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
49	514	Vernon Memorial Hospice	Viroqua	Vernon
50	2009	Cedar Community Hospice	West Bend	Washington
51	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
52	1504	TheDACare At Home	Appleton	Winnebago
53	1526	Affinity Visiting Nurses	Neenah	Winnebago
54	1516	Ministry HC Hospice Marshfield	Marshfield	Wood
55	562	Hospice of Dubuque	Dubuque	Out of State
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
57	535	St. Mary's Hospice and Palliative Care	Duluth	Out of State
58	551	Marquette General Home Health and Hospice	Escanaba	Out of State
59	540	Red Wing Regional Hospice	Red Wing	Out of State
60	534	Mayo Hospice Program	Rochester	Out of State
61	548	Lakeview Hospice	Stillwater	Out of State
62	561	Winona Area Hospice	Winona	Out of State

INDEX BY CITY

PAGE	LICENSE	NAME	CITY	COUNTY
22	524	Le Royer Hospice	Antigo	Langlade
52	1504	Thedacare At Home	Appleton	Winnebago
1	526	Regional Hospice Services	Ashland	Ashland
42	1521	Adoray Hospice	Baldwin	St. Croix
43	1522	Home Health United Hospice	Baraboo	Sauk
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
40	1525	Beloit Regional Hospice	Beloit	Rock
16	2006	Black River Hospice	Black River Falls	Jackson
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
27	525	Horizon Home Care and Hospice	Brown Deer	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
21	538	Lafayette County Hospice	Darlington	Lafayette
15	545	Upland Hills Hospice	Dodgeville	Iowa
55	562	Hospice of Dubuque	Dubuque	Out of State
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
57	535	St. Mary's Hospice and Palliative Care	Duluth	Out of State
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
58	551	Marquette General Home Health and Hospice	Escanaba	Out of State
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
3	2004	Aurora VNA of Wisconsin	Green Bay	Brown
4	2005	Heartland Home Health Care and Hospice	Green Bay	Brown
5	1503	Unity Hospice	Green Bay	Brown
51	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
41	544	Mercy Assisted Care	Janesville	Rock
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
9	1505	Hospicecare	Madison	Dane
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
54	1516	Ministry HC Hospice Marshfield	Marshfield	Wood
28	1528	Aurora VNA of Wisconsin	Milwaukee	Milwaukee
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
14	1523	The Monroe Clinic Hospice	Monroe	Green
53	1526	Affinity Visiting Nurses	Neenah	Winnebago
39	552	Flambeau Home Health and Hospice	Phillips	Price
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
59	540	Red Wing Regional Hospice	Red Wing	Out of State
48	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
2	555	Lakeview Medical Center	Rice Lake	Barron
60	534	Mayo Hospice Program	Rochester	Out of State

INDEX BY CITY

PAGE	LICENSE	NAME	CITY	COUNTY
44	510	Shawano Community Hospice	Shawano	Shawano
45	529	Aurora VNA of Wisconsin	Sheboygan	Sheboygan
46	2010	Hospice Advantage	Sheboygan	Sheboygan
47	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
38	503	Ministry Home Care & Hospice Stevens Point	Stevens Point	Portage
61	548	Lakeview Hospice	Stillwater	Out of State
36	531	Hospice Touch	Tomah	Monroe
49	514	Vernon Memorial Hospice	Viroqua	Vernon
25	1514	Aspirus Comfort Care & Hospice Services	Wausau	Marathon
33	547	Vitas Healthcare Corporation Midwest	Wauwatosa	Milwaukee
34	549	Aseracare Hospice	West Allis	Milwaukee
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
50	2009	Cedar Community Hospice	West Bend	Washington
62	561	Winona Area Hospice	Winona	Out of State
37	1509	Dr. Kate Hospice	Woodruff	Oneida

INDEX BY NAME

PAGE	LICENSE	NAME	CITY	COUNTY
42	1521	Adoray Hospice	Baldwin	St. Croix
53	1526	Affinity Visiting Nurses	Neenah	Winnebago
34	549	Aseracare Hospice	West Allis	Milwaukee
25	1514	Aspirus Comfort Care & Hospice Services	Wausau	Marathon
3	2004	Aurora VNA of Wisconsin	Green Bay	Brown
28	1528	Aurora VNA of Wisconsin	Milwaukee	Milwaukee
45	529	Aurora VNA of Wisconsin	Sheboygan	Sheboygan
40	1525	Beloit Regional Hospice	Beloit	Rock
16	2006	Black River Hospice	Black River Falls	Jackson
6	557	Calumet County Hospice Agency	Chilton	Calumet
50	2009	Cedar Community Hospice	West Bend	Washington
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
37	1509	Dr. Kate Hospice	Woodruff	Oneida
39	552	Flambeau Home Health and Hospice	Phillips	Price
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
4	2005	Heartland Home Health Care and Hospice	Green Bay	Brown
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
43	1522	Home Health United Hospice	Baraboo	Sauk
48	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
27	525	Horizon Home Care and Hospice	Brown Deer	Milwaukee
46	2010	Hospice Advantage	Sheboygan	Sheboygan
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
36	531	Hospice Touch	Tomah	Monroe
55	562	Hospice of Dubuque	Dubuque	Out of State
9	1505	Hospicecare	Madison	Dane
21	538	Lafayette County Hospice	Darlington	Lafayette
61	548	Lakeview Hospice	Stillwater	Out of State
2	555	Lakeview Medical Center	Rice Lake	Barron
22	524	Le Royer Hospice	Antigo	Langlade
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
58	551	Marquette General Home Health and Hospice	Escanaba	Out of State
60	534	Mayo Hospice Program	Rochester	Out of State
41	544	Mercy Assisted Care	Janesville	Rock
54	1516	Ministry HC Hospice Marshfield	Marshfield	Wood
38	503	Ministry Home Care & Hospice Stevens Point	Stevens Point	Portage
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
59	540	Red Wing Regional Hospice	Red Wing	Out of State
1	526	Regional Hospice Services	Ashland	Ashland
51	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha

INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
31	2002	Ruth Hospice	Milwaukee	Milwaukee
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
44	510	Shawano Community Hospice	Shawano	Shawano
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
7	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
57	535	St. Mary's Hospice and Palliative Care	Duluth	Out of State
47	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
14	1523	The Monroe Clinic Hospice	Monroe	Green
52	1504	Thedacare At Home	Appleton	Winnebago
5	1503	Unity Hospice	Green Bay	Brown
15	545	Upland Hills Hospice	Dodgeville	Iowa
49	514	Vernon Memorial Hospice	Viroqua	Vernon
33	547	Vitas Healthcare Corporation Midwest	Wauwatosa	Milwaukee
62	561	Winona Area Hospice	Winona	Out of State

INDEX BY LICENSE

PAGE	LICENSE	NAME	CITY	COUNTY
38	503	Ministry Home Care & Hospice Stevens Point	Stevens Point	Portage
17	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
44	510	Shawano Community Hospice	Shawano	Shawano
49	514	Vernon Memorial Hospice	Viroqua	Vernon
13	516	Grant County Hospice	Lancaster	Grant
29	521	Columbia St. Mary's Hospice	Milwaukee	Milwaukee
22	524	Le Royer Hospice	Antigo	Langlade
27	525	Horizon Home Care and Hospice	Brown Deer	Milwaukee
1	526	Regional Hospice Services	Ashland	Ashland
51	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
45	529	Aurora VNA of Wisconsin	Sheboygan	Sheboygan
36	531	Hospice Touch	Tomah	Monroe
47	532	St. Nicholas Hospital HHA and Hospice	Sheboygan	Sheboygan
60	534	Mayo Hospice Program	Rochester	Out of State
57	535	St. Mary's Hospice and Palliative Care	Duluth	Out of State
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
21	538	Lafayette County Hospice	Darlington	Lafayette
59	540	Red Wing Regional Hospice	Red Wing	Out of State
41	544	Mercy Assisted Care	Janesville	Rock
15	545	Upland Hills Hospice	Dodgeville	Iowa
33	547	Vitas Healthcare Corporation Midwest	Wauwatosa	Milwaukee
61	548	Lakeview Hospice	Stillwater	Out of State
34	549	Aseracare Hospice	West Allis	Milwaukee
58	551	Marquette General Home Health and Hospice	Escanaba	Out of State
39	552	Flambeau Home Health and Hospice	Phillips	Price
35	553	Odyssey Healthcare of Milwaukee	West Allis	Milwaukee
2	555	Lakeview Medical Center	Rice Lake	Barron
30	556	Covenant Hospice Palliative Care	Milwaukee	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
62	561	Winona Area Hospice	Winona	Out of State
55	562	Hospice of Dubuque	Dubuque	Out of State
18	1502	Hospice Alliance	Pleasant Prairie	Kenosha
5	1503	Unity Hospice	Green Bay	Brown
52	1504	TheDACare At Home	Appleton	Winnebago
9	1505	Hospicecare	Madison	Dane
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
37	1509	Dr. Kate Hospice	Woodruff	Oneida
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
8	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
25	1514	Aspirus Comfort Care & Hospice Services	Wausau	Marathon
54	1516	Ministry HC Hospice Marshfield	Marshfield	Wood
48	1517	Hope Hospice Palliative Care	Rib Lake	Taylor
10	1518	Hillside Home Care Hospice	Beaver Dam	Dodge
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
42	1521	Adoray Hospice	Baldwin	St. Croix
43	1522	Home Health United Hospice	Baraboo	Sauk

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PAGE	LICENSE	NAME	CITY	COUNTY
14	1523	The Monroe Clinic Hospice	Monroe	Green
7	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
40	1525	Beloit Regional Hospice	Beloit	Rock
53	1526	Affinity Visiting Nurses	Neenah	Winnebago
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
28	1528	Aurora VNA of Wisconsin	Milwaukee	Milwaukee
31	2002	Ruth Hospice	Milwaukee	Milwaukee
26	2003	Heartland Home Health Care and Hospice	Brookfield	Milwaukee
3	2004	Aurora VNA of Wisconsin	Green Bay	Brown
4	2005	Heartland Home Health Care and Hospice	Green Bay	Brown
16	2006	Black River Hospice	Black River Falls	Jackson
20	2007	Gundersen Lutheran Medical Center	La Crosse	La Crosse
32	2008	Seasons Hospice & Palliative Care of WI	Milwaukee	Milwaukee
50	2009	Cedar Community Hospice	West Bend	Washington
46	2010	Hospice Advantage	Sheboygan	Sheboygan